

Dental Clinic Name : _____

Address: _____

Contact Nos. _____

(Note: This copy should be kept in the Clinic Patient may ask for a copy)

Orthodontic Contract

Date: _____

It has been agreed that Mr/Ms/Mrs (Patient's Name) _____ will pay the amount Php _____ with a down payment of Php _____ and monthly dues of at least Php _____ payable within _____, as payment for his/her orthodontic therapy. The said amount **excludes** extraction, fillings, root canal therapy, minor surgeries and prosthodontic restorations.

If and when the orthodontic treatment has to be stopped as per patient's desire, and the treatment has been going on for at least 6 months, the patient will still be required to pay the full amount stated whether the treatment is finished or unfinished. If the treatment has to be stopped as per patient's request and the treatment has been going on for at least a month the patient will need to pay at least ____% of the contract price.

Orthodontic treatment requires at least once a month visit to be able to achieved satisfactory results. If and then the patient fails to comply with their appointments, the doctor is not liable for prolonged treatment time or undesirable results, therefore extra fees will be charged for every accessories needed to correct any undesirable tooth movement that resulted to frequent absences and negligence on appointments. If the patient is a woman, and the patient becomes pregnant during the course of treatment, the patient shall pay (P _____) for placement of ligature wires to stabilize teeth, if the need arises. Due to delay of treatment the patient shall pay additional (P _____) as charge for every accessories needed to correct any undesirable tooth movement that may have resulted to absences in appointments during pregnancy. For other cases not related to pregnancy the patient shall pay For Php _____ only if he or she wishes to continue the Treatment.

This contract specifies that the patient is entitled to only one set of bracket, molar bands, and wire. Removable appliances are not included on the treatment plan required. There will be extra charges for lost/broken brackets, molar bands or wire.

Frequent re-cementation of brackets will be charged accordingly (however, patient is given a privilege to have 6 free re-cementations only)

Full payment is to be given prior to installation of the retainers or removal of the brackets. The charge for the retention phase (retainers) will not be included in this contract but will be discussed a month prior to removal of the brackets.

Note: Please Write full name and signature

Patient

Parent,if patient is minor

Dr. _____
(Attending Dentist)