

Name of Clinic: _____

Orthodontic Treatment Guidelines (Note: This is for Clinic records)

Patient's Responsibilities

The patient (including the parents and or guardians if patient is a minor) are held responsible for the maintenance of his gingival and periodontal health for the duration of the treatment. Proper toothbrushing, flossing, etc are mandatory. Adequate oral hygiene education will be given to the patient and his parents (guardians). Should the patient exhibit gingival irritation and/or inflammation due to poor oral hygiene, active treatment will be discontinued. Proper therapy shall be performed and the patient will be billed correspondingly.

The patient must strictly follow appointments, the length of treatment will be affected tremendously should the patient miss any appointment. If the patient fails to come after consecutive missed appointments or after 12 weeks of absence, the treatment plan will be altered. Should the patient wish to continue, a new treatment plan and fee will be structured to conform to the new treatment plan. If the patient wishes to discontinue treatment, all previous fees will be forfeited in favor of the dental office.

Appointments are usually made 3-4 weeks in advance. Should the patient wish to move appointment, it should be done at least 24 hours(day) prior to appointment.

Treatment Fee:

The treatment fee consists of an initial fee and monthly payments. The treatment fee covers all orthodontic materials and procedures for the agreed treatment plan. Lost or damaged appliances, brackets, bands, molar tubes, headgear, etc. shall be replaced and the patient billed correspondingly. Patients are given 6 free rebondings of brackets /tubes, after which a fee will be charged.

Retention Fee:

The retention fee covers the retainers and the post-treatment check-ups. The retention fee may be discussed at the end of the treatment.

Financial Arrangement:

Initial Fee: _____

Minimum Monthly payment: _____

Total Orthodontic Treatment Plan: _____

Patient: _____

Signature of Patient/Parent/Guardian: _____

Date: _____

Noted by :

Dr. _____