

# Orthopedic Orthodontics

Patient Name: .....

Date of Birth: .....

Analysis Fee: .....

## **Includes**

- Cephalometric radiograph and tracing analysis
- Panoramic radiograph
- Upper and Lower impressions to produce sculptured study models and working plaster models
- Photographs
- Treatment and planning discussion time

## **Treatment Fees**

1) Commencement of treatment in Orthopedic phase to include provision and fitting of the first appliance or appliances \$.....

2) Annual fee of \$..... to cover all care and attention by "Dentist Name"  
(on average one visit per month)

This is payable:

(a) Upfront in full at start of treatment  
OR

(b) by standing order over 12 months (i.e. \$..... per month)

This annual fee will also cover 2 routine examination appointments per year, starting from date of signature.

3) Repairs, adaptations or adjustments to appliances, are charged out only to cover the laboratory bill (average \$30 - \$60). \$.....

4) Total replacement of appliance if lost, or fractured beyond all possible repair.

5) Provision of replacement appliance, of either the same or different design, for continuation of the treatment.

o Fees for 4 and 5:

a) For Schwarz, Williams, Sagittal, 3D appliances, Hawleys, Fixed lower labial or lingual bars, or similar designs a) \$.....

b) For ALF, n-Sagittal, Crozat or Trampoline b) \$.....

6) Further phase of Orthopedic treatment, usually requiring a Bionator, Twin Block, Frankell III or Truitt III appliances: \$.....

7) Fitting of Rick - o - nator appliance \$.....

8) Provision of Reverse Pull Headgear, if required: \$.....

9) Provision of sports guard for fixed appliance \$.....

10) Vinyl Intruders, per set of 3 \$.....

11) Further radiographs required during treatment:  
a) Cephalometric and tracing analysis \$.....

b) OPG \$.....

Payment for orthodontic treatment is accepted only either by cheque or cash, except for the annual maintenance fee which is usually paid on a standing order arrangement. Fees for fixed therapy using multibracket appliances are not quoted here.

Conditions of Treatments

- Treatment times are only an approximate guide and may change significantly from original expectation. Patient compliance in successfully wearing all recommended appliances influences treatment times.
- If treatment is stopped for certain periods of time and then re-starts, new fees will apply, but will be fully explained before recommencement.
- If the patient enters a retention period during the Orthopedic phase of the treatment, one-twelfth of the annual maintenance fee will be paid each time the patient attends for an appointment. This arrangement will only commence after discussion with Mrs Nightingale.
- If the patient is not fully compliant and a 'normally removable' appliance needs to be fixed in, there will be additional fees to either provide a new appliance, or convert the existing appliance so that it cannot be removed. Additionally, there may be extra fees because the patient needs to be seen more frequently. There will be additional hygienist fees.
- Failed appointments or late cancellations (less than 24 hours notice) will be an additional charge of 50% of one-twelfth of the annual maintenance fee.

**Approximate treatment times**

.....  
 .....  
 .....  
 .....

Declaration

1. I, ..... understand that .....’s compliance is essential in achieving a successful result. I also understand that missing or cancelling appointments may result in increased treatment times.
2. I have had the treatment explained to me and I understand the objectives of the proposed course of treatment.
3. I have read and understood the information on this form and agree to pay the fees described if..... begins a course of treatment.
4. I understand that the fees on this form are subject to review two years after the date of signature.
5. I have read, understood and agree to the proposed plan.

Patient/Guardian’s signature .....Date.....

Dentist’s signature.....Date.....