

“Dentist Name/Credentials”

Name:

Date of Birth:

Fee:

To place Delta Force fixed appliances on both upper and lower arches

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To provide all care required during the treatment period, relating to planned orthodontic work.

To provide one set of retainers after fixed brackets removed.

FEE DOES NOT INCLUDE: -

1. Other dentistry i.e. fillings, extractions, fissure sealing, etc
2. Provision of vinyl intruders, if needed
3. Provision of replacement retainers, if lost
4. Repair fees if retainers broken
5. Re-cementation of brackets or bands, due to abuse or trauma
6. Hygienist care
7. Purchase of sundries e.g. tooth cleaning requirements or fluoride mouthwashes or gels
8. Any repairs needed as a result of trauma
9. Provision of sports guard
10. Nutritional supplements
11. Radiographs

Dentist's Signature Date

Parent/Guardian's Signature Date