

Appliance release and payment agreement

Patient name _____ Date _____

The dental or orthodontic appliance being made for you is a temporary appliance intended to maintain proper tooth space or to provide better aesthetics or both.

I understand that if the appliance is not used as instructed by Dr. _____, the intended outcome may not be achieved. I further understand that without periodic examinations, problems may occur to the teeth to which the appliance attaches. For example, a band may become loose, which may cause tooth decay or other problems if left unattended.

I agree not to hold Dr. _____ responsible for any problems or additional treatment cost arising from such problems or concerns regarding the appliance or its use, and I further acknowledge that Dr. _____ is not responsible for matters arising from my lack of notification.

I agree to pay \$_____ for the initial appointment, at which time impressions will be taken for the appliance. I agree to pay the balance, less any amount for which there is insurance coverage, when the appliance is delivered. I also agree that after impressions have been taken for the appliance, I will be fully responsible for the total cost of the appliance, even if I choose not to have the appliance placed.

I have read and fully understand the terms of this appliance release and payment agreement.

Patient signature/legally authorized representative Date _____

Printed name if signed on behalf of the patient Relationship _____