

Appliance Release and Payment Agreement

Patient name _____ Date _____

Appliance type: _____

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 due to my failure to notify my dentist's office of any complications or problems that have arisen, or my failure to not use the appliance as instructed.

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 been advised of the following risks involved in the use of this appliance:

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 _____