

INFORMATIONAL USE ONLY

APPLIANCE RELEASE AND PAYMENT AGREEMENT

The appliance being made for my child is a temporary appliance used to maintain proper tooth space or to provide better aesthetics or both.

Release

I understand that if my child does not have 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. I acknowledge that it is my responsibility to see to it that Dr. _____ is notified of any problems or concerns of which I become aware regarding the appliance or instructions for its use and that Dr. _____ is not responsible for matters arising from any failure to keep him informed.

Payment Agreement

I will pay \$ _____ at the initial appointment at which impressions will be take for the appliance. I will 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 responsible for the total cost of the appliance even if I choose not to have the appliance placed.

I have read and fully understand this Appliance Release and Payment Agreement.

Date

(Signature of parent)