

SMILE! CENTRAL OREGON

Services Provided	FEES
Initial Examination	\$ 20.00 (NOT ELIGIBLE FOR VOUCHER)
Orthodontic Records	\$200.00
Upper Braces	\$400.00
Lower Braces	\$400.00
Additional appliances	\$ _____
Per Visit Charge	\$200.00
Appliance removal & Records	\$400.00
Retainers Removable/Fixed	\$200.00/\$300
Retainer Check-Up	\$ 20.00
Emergency	\$ 20.00 (NOT ELIGIBLE FOR VOUCHER)
After Hours Emergency	\$100.00 (NOT ELIGIBLE FOR VOUCHER)
Broken Brace Repair without the Brace	\$ 20.00
Broken Brace Repair with the Brace	\$ 10.00
Failed appointment without 24 hour notice	\$ 10.00 (NOT ELIGIBLE FOR VOUCHER)

Additional Appliances include expanders, face masks, holding arches, etc. as needed for treatment.

UP TO 50% OF EACH OFFICE VISIT CAN BE PAID WITH A VOUCHER FOR COMMUNITY SERVICE WITH AN APPROVED ORGANIZATION REDEEMMED AT \$10/HOUR.

Before the braces are put on the teeth, it is important to have a check up for cavities and maybe have teeth removed to make room in the jaws for straight teeth. The charge for these services is not included in the above costs.

Most orthodontic treatment takes 2 to 2 ½ years. The amount of time depends on the seriousness of the problem and most important on the cooperation of the patient to keep appointments, wear appliances and elastics as instructed and keep the appliances clean. Broken braces and missed appointments are likely to extend treatment time. Healthy teeth and gums are critical to successful treatment. Failure to maintain good hygiene, repeated breakage or failed appointments will result in the termination of treatment.

48 hours notice is required to cancel bracket or appliance placement, otherwise, a non-refundable pre-payment is required to reschedule.

The fees and policies have been explained to me and I agree to be responsible for the costs of orthodontic treatment for:

Patient Name _____

Address/Zip _____

Home Phone # _____ Work Phone # _____

E-mail _____

Responsible Party (Printed) Signature Date