

**APPLIANCE RELEASE AND PAYMENT AGREEMENT**

Patients Name: \_\_\_\_\_

The dental or orthodontic appliance that is being made 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.**

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Relationship to child (i.e., parent, guardian)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date