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FINANCIAL MEMO and INFORMED CONSENT (reverse)

DIAGNOSTIC RECORDS FEE	\$
<i>MAY BE INCLUDED IN TOTAL ACTIVE TREATMENT FEE FOR SOME TREATMENT PLANS</i>	
TOTAL ACTIVE TREATMENT FEE	
<i>This fee does not include the cost of extractions (which will be done by your dentist or our recommended oral surgeon), lab charges AND the cost of replacing lost/broken removable devices and other special devices.</i>	
INITIAL FEE DUE BEFORE BRACES ARE PLACED ON TEETH (THE INITIAL FEE FOR INVISALIGN IS IS DUE WHEN ORDERED FROM THE LAB AND IS NON-REFUNDABLE).	\$
MONTHLY PAYMENT: \$	NUMBER OF MONTHLY PAYMENTS: ()
EXPECTED MONTHS OF TREATMENT TIME:	

*****PATIENT SURCHARGES and OFFICE POLICIES (not included in fees above):**

- ◆ Payments can be made in cash, or by credit card and money order. Under *special circumstances* checks may be accepted. **Surcharge for returned checks (of any kind) is \$65.**
- ◆ **BRACES WILL BE REMOVED WHEN THE REMAINING BALANCE IS PAID IN FULL** even if treatment is completed earlier than expected (teeth are straight and/or ready for retainers).
- ◆ You are responsible for making and keeping your appointments; we do not call you to confirm your appointments. Broken appointments and LATE cancelled appointments will incur a surcharge of \$85.
- ◆ You are responsible for the full payment of treatment fees where you have no insurance coverage or your insurance company fails to provide an orthodontic benefit.
- ◆ If, due to POOR COOPERATION, treatment time is prolonged beyond the estimate given at the beginning of treatment, a surcharge of \$385/quarter is added to your account.
- ◆ Appointments will be temporarily suspended if payments are not current unless alternate payment plans are agreed to in advance.
- ◆ **SURCHARGES:** a 15 minute broken appointments \$85; a 30 minute broken appointment \$125; late cancellation of appointment \$65; 3rd broken appointment \$185; detached brackets after the 4th one \$25; late payments \$10; laboratory appliances \$185 - \$325; poor cooperation leading to extended treatment \$385/quarter.
- ◆ PAST-DUE accounts are charged 1.5% interest EACH MONTH on past-due MONTHLY payments.
- ◆ Monthly payments postmarked AFTER the 10th of the month are deemed late and a LATE PAYMENT PENALTY of \$10 will be added to your account.

<i>I HAVE READ THE INFORMED CONSENT ON THE REVERSE SIDE AND THE FINANCIAL TERMS AND OFFICE POLICIES NOTED ABOVE AND I AGREE TO ABIDE BY THEM.</i>	
Responsible Party Name:	Date: / / 200

INFORMED CONSENT and FINANCIAL MEMO (reverse)

Regarding Patient:

...Please Read Carefully

I hereby authorize that all necessary orthodontic treatment be initiated now. This shall include the making of appropriate diagnostic records whenever needed. I understand the treatment goals can only be achieved through the joint cooperation of Dr. Rothstein, and the patient (and responsible custodial parent(s)). In many instances *lack of cooperation* in the matter of making and keeping appointments, eating a soft diet, wearing elastics, brushing the teeth 3 times each day for 3 minutes after breakfast and dinner and again before going to bed can lead to disappointing results. I understand also that I am responsible for making monthly appointments.

I understand that treatment varies with the difficulty of the problem, cooperation of the patient, and the unique response of the patient's teeth to the forces applied to them. Treatment time can be prolonged by multiple detached brackets (from eating crispy crunchy and crusty food and candy), poor oral hygiene, and frequent canceling and breaking of appointments. Occasionally, as a result of unusual growth or lack of cooperation or mid-treatment re-evaluation the treatment plan/goals may have to be altered and might even require the removal of teeth to accomplish a pleasing cosmetic and functional result.

I understand that during treatment the following may occur: cold sores, canker sores, irritation or injury to the skin inside the mouth, swelling/inflammation of the gums, receding or overgrowth of the gums, shortening of the roots of some teeth, and occasionally jaw-joint problems.

I understand that teeth may develop white spots if tooth brushing is not adequate, that cavities previously undetected may appear and that teeth with a history of trauma may turn grayish in color.

I understand that teeth may occasionally become sensitive and more movable than usual and that there is a risk of unexpected/undesired loss of a tooth.

I understand that occasionally the jaw joints may "act up" causing discomfort/pain, that there may be an allergic reaction to the materials of which the braces are made or even the gloves and powder on them that the doctor wears. I realize that some cases might require the need for a "compromise" treatment goal and that a general dentist may be required to provide crowns and bridges.

I realize that during the treatment it is possible that a doctor who does root canal treatment and gum surgery may need to be consulted. Finally, that it is possible that dental materials and parts of the braces may inadvertently be swallowed or taken into the airway.

I understand the need for a soft-textured diet to prevent brackets from becoming detached. I have been advised that it is important to continue regular dental care during the treatment. I have been advised that it is my responsibility to immediately report any problem with the braces. I realize that Dr. Rothstein may discontinue treatment if he believes that the oral health is degenerating from lack of cooperation.

Dr. Rothstein will use his knowledge, skill and training to do his very best, but there is no guarantee of the success of treatment and that a nice result may deteriorate if retainers are not worn for three years after the braces are removed. The alternatives have been explained to me, one of which is no treatment and the possible results if no treatment is given. The treatment plan and type of appliances to be used have been explained to me. Furthermore, I am at liberty to ask Dr. Rothstein at any time during the treatment about any aspect of my treatment.

I understand there is no specific warranty or guarantee as to any result/cure, and I understand that I can ask for, at any time, a full recital of all possible risks related to all phases of my treatment.

I fully understand the variables associated with the degree of success to be achieved and have read and fully understand the above information and that I may ask for further explanation of this document.

I have been cautioned that sometimes Dr. Rothstein needs to change the clear-transparent braces to metal braces, and the lingual braces to clear braces in the last 3 months of treatment to achieve a proper level of perfection in the final result, and I agree to let him make that change if he thinks it is needed. Finally, I fully understand that I must wear my removable retainers for three years after the fixed braces are removed or the corrected teeth will become crooked again and that the retreatment fee may vary between \$985 and \$2285.

I have read this page carefully...

Patient/ Responsible Party

Date / /200