

Orthodontic Patient's

**THERE WILL BE AN ADDITIONAL CHARGE FOR THE BREAKAGE OF BRACKET,
BAND AND WIRE Due to Non-Compliance.**

BRACKETS (S)	\$50.00 each
BAND (S)	\$60.00 each
WIRE (S)	\$50.00 Per Arch

These charges will be required to be paid prior to replacement. **NO EXCEPTIONS**

Patient Last _____ Name First _____

Parent Last _____ Name First _____

Parent Signature _____ Date _____ - _____ - _____

Office Staff

Last Name _____ First Name _____ Date _____