

Invisalign Information Sheet and Policy

1. Invisalign only works when patients are 100% compliant to all the instructions given and explained by the Doctor and/or staff.
2. Aligners must be worn at least 22 hours a day.
3. The fee for your case includes all the office visits, up to three refinements, and orthodontic records.
4. If a patient refuses to wear the aligners or stop the treatment for any period of time for any reason the payments must still be received on the agreed due dates.
5. There will be an extra charge if a refinement is required due to non-compliance of the patient for any reason.
6. The fee is expected to be paid in full in mutually agreed terms regardless of any factors.
7. Continual care is provided, given all set payments are made by prearranged dates. The treatment will stop and subsequent aligners will not be delivered if a payment is missed. Depending on the lapsed time there may be an additional charge to resume the treatment.
8. If during the treatment a patient has to move out of area and can not make the required appointments at our office anymore, he or she must find an Invisalign certified Doctor in the new area that would take over the case. The remaining aligners with expected switch dates and instructions will be given to the patient. We have no control over the fees that the new Doctor may charge. If we are not able to monitor the case closely in regular intervals we can not provide refinements to the case just by getting new impressions through the mail. There is no refund regardless of the length of time in treatment.
9. Wearing retainers every night after the completion of the case is crucial and a must to keep the teeth at their final position.
10. We are looking forward to provide you with a nice natural looking smile. Please let us know if you see anything in the progression of your case that may concern you.

I _____, have read the above terms and agree to all.

Signature: _____

ORTHODONTIC HYGIENE CONSENT

Congratulations on your recent decision to improve your oral health by initiating orthodontic treatment!

At Smile Designers, Drs. Khansari and Rafie believe your oral health and well-being is imperative for living a healthy lifestyle. Orthodontic treatment plays a large role in dental hygiene. Excellent oral hygiene is essential during orthodontic treatment as are regular visits for routine cleanings and check ups. Inadequate or improper hygiene could result in cavities, discolored teeth, periodontal disease and/or decalcification. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances. During your orthodontic treatment, we are asking for your cooperation in maintaining regular cleaning appointments on a 3 month or 6 month recall.

Our office can provide cleanings and exams during your scheduled orthodontic visits or if you choose, you may seek cleanings from your regular dentist or dental hygienist.

I, _____ agree to maintain a 3 or 6 month cleaning appointment dependant upon recommendations by either Drs.Khansari or Rafie.

PATIENT SIGNATURE: _____

DATE: _____

** Some insurance companies have limitations to the number of cleanings they will pay for within a given year. Please understand that these limitations are made in order to benefit the insurance company, NOT your health!*