



Luff Orthodontics, LLC
Richard M. Luff, DDS, MSD
Anchorage, Alaska 99508

I understand that:

1.
 - A. Orthodontic treatment may fail to reach an ideal result.
 - B. Retention of orthodontic treatment is subject to factors beyond the control of the orthodontist.
 - C. A limited number of orthodontic problems fail to respond to mechanical treatment.
 - D. Unfavorable reaction to teeth, bone and gums during orthodontic treatment or the retention of treatment may occur. The most common are pain, swelling, tooth mobility, decay, etching, decalcification, bone loss, gum and bone recession, lower jaw joint problems, swallowing of an appliance, bite difficulties, infection, relapse and injury by removable appliances and or head gear.
2. Since the majority of our business hours coincide with work & school, it is necessary to have some appointments during school & work hours. We will try to accommodate your schedule whenever possible. Appointments for bandings and debandings require more time. Therefore, these appointments will be scheduled only during morning hours. We do understand the difficulties in missing school & work hours and ask for your cooperation in this matter.
3. I understand my responsibility in maintaining a well-balanced, soft-textured diet which is free of hard, sticky, stringy, and high-sugar foods, as well as supervising my (child's) oral hygiene program of at least brushing three times a day. I will take myself/child to our family dentist for examination at six months intervals and/or dental care as needed during orthodontic treatment. I will contact the office at the time I schedule the cleaning/exam to coordinate the wire removal and reinsertion.
4. Re-treatment of orthodontic problems due to factors beyond the control of the orthodontist is NOT included in this contract.
5. Problems which develop during or after orthodontic treatment will require a re-evaluation of the treatment. The cost of re-evaluation and extra treatment is not anticipated and therefore is not included in this contract. (I.e. Failure to achieve sufficient growth, non-cooperation).
6. In the event of extended treatment due to non-cooperation, cancellations and no-show appointments there will be an additional charge per visit.
7. In the event you transfer out of our office, the amount of treatment rendered will be determined and depending on your individual case, a refund to you or final payment to us will be made based on the following formula.

30% start charge (35% for Invisalign) + remaining balance spread out over estimated treatment length
8. Total case fee earned and account balance due at time of appliance removal. We reserve the right to alter the contract and/or payment schedule at any time due to a change in treatment length and or failure to pay.
9. Additional Fees will be charged for repeated broken appointments without 24 hours' notice.

X _____
Patient's/Parent's Signature

X _____
Practice Representative's Signature

Date