

Orthodontic Treatment Form

Member details

Member name _____ Membership number _____

Address _____ Postcode _____

Patient details

Patient name _____ Date of birth _____
 / /

Provider details

Provider name _____ Provider number _____

Address _____ Postcode _____

Details of treatment

Complete treatment case Fixed appliance/s Removable appliance/s

Minor treatment case Fixed appliance/s Removable appliance/s

Description of service _____

Treatment to commence _____ Expected duration of treatment _____ Estimated cost of treatment _____
 / / \$

Costs of treatment

| Code | Fee | Notes |
|--------------------|-----|-------|
| Case notes | \$ | |
| Initial payment | \$ | |
| Progress payment | \$ | |
| Other payment plan | \$ | |
| Total fee: | \$ | |

Provider signature _____ Date _____
 / /