



# BRANDON ORTHODONTICS

## *Orthodontic Treatment Payment Agreement*

Thank you for choosing **Brandon Orthodontics** for your orthodontic treatment. The following agreement spells out the terms and conditions. Please keep a copy for your records.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, agree to pay Ward 2 Dental Corporation for Orthodontic

Treatment for \_\_\_\_\_ in the following manner:

### **Payment Option 1.**

Full Payment \$\_\_\_\_\_ on the day the upper braces are placed

*All payments can be made by Cash, Visa, MasterCard or Debit Card.*

### **Payment Option 2.**

Initial Payment \$\_\_\_\_\_ on the day the upper braces are placed

and Monthly payments of \$\_\_\_\_\_ for \_\_\_\_\_ months

**Monthly payments must be made with post-dated cheques or pre-approved credit card slip.**

*All payments can be made Visa, MasterCard or Pre-Authorized Debit*

Accepted and Agreed:

\_\_\_\_\_  
**Signature of Patient  
Or Parent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Treatment Coordinator**

\_\_\_\_\_  
**Date**