

Who needs a Retainer? . . . You do!

When active orthodontic treatment is completed with either braces or Invisalign, patients begin the retention stage of orthodontic treatment, where retainers are typically worn full time for several months. We then graduate our patients to night time wear only and night time wear is recommended for life. Nak4 Orthodontics will monitor patients for one year after treatment is completed.

The Orthodontic treatment fee included one set (upper and lower) clear retainers and a 12 month retention period. Replacement retainers are \$450.00 per set. If we need to re-scan, there is a \$50.00 office fee that will apply. Any retention visits after the one year period are subject to the office visit fee of \$50.00.

In order to keep your new beautiful smile for a lifetime, it is essential that retainers are worn as recommended. Without lifetime retainer wear, teeth will shift. Retainers will need to be replaced due to normal wear and tear, not to mention the possibility of breaking or losing them.

Welcome to Retainers 4 Life!

Now that we have achieved a beautiful new smile, we are committed to helping you keep it for a lifetime and offer a replacement retainer program. By enrolling into The Retainers 4 Life Program, you will receive unlimited retainers and retainer checks/office visits which avoids paying the full replacement fee. The enrollment fee is \$900.00 along with a small co-pay for each set of replacement retainers as outlined below:

The Retainers 4 Life F	Program fees are non-	-refundable or transferable	. We offer convenient	ways to pay.
Option #1:	One-time payment of \$900.00 (pay in full discount does not apply)			
Option #2:	Six Monthly Paym	ents of \$150.00 for accoun	its with a zero balance	
Option #3:	Incorporate into current payment plan for accounts with a current balance, ask for details			
Co-Pays*: \$45.00 co-pay for each set of retainers*				
Patient Name:				
transferable and the p	rogram is void if full p	4 Life Program. The Retain bayment is not received. The *Co-Pays are subject to y	he program is subject t	o changes and is valid
Print Responsible Party Name		Signature of Respons	ible Party	Date



RETAINERS 4 LIFE - PAYMENT PLAN

Patient Name:					
Option #1:	Six Monthly Payments of \$150.00 for accounts with a current zero balance				
	(Starting on)				
Option #2:	\$900.00 can be incorporated into current payment plan, revised payment plan as follows:				
	\$ for # of months Starting on)				
Co-Pays:	\$45.00 co-pay for each set of retainers				
*Co-Pays are subject	t to yearly review and change *Auto Pay is required on all payment plans				
Name as it appears o	n the credit card				
Credit Card Number:	Expiration Date:/				
transferable and the p	olled in the Retainers 4 Life Program. The Retainers 4 Life Program fees are non-refundable or program is void if full payment is not received. The program is subject to changes and is valid r owns the practice. *Co-Pays are subject to yearly review/change.				
Responsible Party Signature	gnature Date				
Office Use:					
Recurring Setup in dolphin b	y Date:				