



RECORDS AUTHORIZATION

Patients Name _____

Your appointment today will consist of obtaining diagnostic records. The records include photographs, study models, 2-3 types of x-rays and for certain cases, a 3D scan.

If you have any condition such as pregnancy or past exposure to high levels of radiation, please let us know so that we minimize or eliminate your exposure to x-rays.

The diagnostic records will be used by Dr. Al Schneider, DDS, to help develop a treatment plan which is best suited to your individual bite problem. The processing of the records and case study usually takes approximately 4-7 weeks. Once a treatment plan has been developed, the specifics of the treatment and fee quotation will be presented to you at your consultation. You can choose to have a personal consultation with Dr. Al Schneider, DDS, or a telephone consultation.

The fee for your records and case study will be included in the total orthodontic fee. If you decide **NOT** to pursue orthodontic treatment or if there is a delay in placing braces, you will be billed \$700.00 for the records (\$900.00 if a 3D scan was taken) at the time of the records/consultation appointment.

I authorize the treatment described to be performed and agree to accept responsibility for the fees incurred.

Patient/Guardian Signature _____

Date _____

INSURANCE AUTHORIZATION

Subscribers Name _____ **Subscriber's DOB** _____

Subscribers ID # _____ **Group #** _____

I agree to be responsible for all charges for dental services and materials **NOT** paid by my dental benefit plan, unless prohibited by law or the treating dentist of dental practice has contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to Schneider Orthodontics.

Patient/Guardian Signature _____

Date _____