



VIET HO
PROSTHODONTIST

PLEASE COMPLETE THE FOLLOWING FORM IF YOU DO **NOT** HAVE DENTAL INSURANCE & WILL BE SEEN AS A SELF-PAY PATIENT FOR YOUR APPOINTMENTS

It is our goal for patients to clearly understand their treatment needs as well as their financial responsibility before treatment begins. Payment of estimated patient portion is due at the time of treatment.

Please be advised of the following fees for recall cleaning appointments any additional treatment will be discussed at the time of diagnosing:

<u>TREATMENT</u>	<u>FEE</u>
D1110 Prophylaxis Cleaning	\$84.00
D0120 Periodic Oral Evaluation (Exam)	\$52.00
D0274 Bitewing X-Rays	\$59.00
D0220 Anterior X-Ray	\$10.00
D0230 Anterior X-Ray	\$10.00
D1330 Oral Hygiene Instructions	\$0.00
TOTAL:	\$215.00

X-Rays- We recommend dental radiographs every 6 months for accurate diagnosis and treatment of possible dental conditions in the mouth. However, you have the right to refuse x-rays every 6 months. Below you will find options that we offer for your x-ray frequency.

(Please choose the option that best suits you)

- I accept X-rays every 6 months as recommended
- I accept X-rays only 1 time a year
- I decline any and all x-rays

Periodic Exam- A periodic exam is **required** by federal law at minimum of once every 13 months however, we **recommend** a periodic exam every 6 months. Seeing the dentist periodically for an exam is undoubtedly a great help to prevent various oral complications from worsening as well as maintaining good oral health and overall wellness. Please be aware without an exam at minimum of every 13 months no treatment can be rendered including hygiene cleanings.

(Please choose the option that best suits you)

- I accept a periodic exam every 6 months as recommended
- I accept a periodic exam every 13 months

Patient/Representative Name:

Patient/Representative Signature:

Date: