

Apollonia Dental Center

INFORMED CONSENT (Dental Fee)

Patient's name _____ Date _____, 2002

General description of treatment to be performed: _____

1. Apollonia Dental Center® Fee:

(facilities, dental equipment, sterilization barriers, dental supplies, consumable supplies, utilities, office equipment and supply, billing and accounting, etc.)

_____ chair hours @ \$318 /hour \$ _____

2. Apollonia ProStaff® Fee:

(full staff includes diagnostic, clinical, clinical support, and team coordinator)

_____ clinical hours @ \$80 /hour \$ _____

3. Laboratory Fees:

(includes case plan, model work, wax patterns, embed or flask, cast and process, ceramic forming, polish, materials, teeth, precious metals, etc.)

_____ Fixed Units @ \$242 /unit \$ _____

_____ Removable Arches @ \$538 /arch \$ _____

_____ Implant or Anchors @ \$670 /unit \$ _____

4. Professional Fees:

(clinical hours only are billable--documentation, case analysis, diagnostic workup, laboratory communication, evaluation, continuing education, etc. are not billable)

_____ Dentist hours @ \$165 /hour \$ _____

_____ Hygienist hours @ \$100 /hour \$ _____

Total Case Fee: \$ _____

Patient's signature / Date

Staff signature / Date

INFORMED CONSENT FOR DENTAL FEES