



CONSENT TO DENTAL TREATMENT

PlaySafe® Sports Mouthguards

	<u>REGULAR PRICE</u>	<u>PROMOTIONAL PRICE</u>
PlaySafe® Medium Sports Mouthguard (Includes 1 solid color and student's name)	\$250.00	\$65.00
Comprehensive Oral Exam and Two Radiographic X-Rays	\$140.00	No Charge

Additional Options:

- _____ Additional color (additional \$10.00 each)
- _____ Multi-color (additional \$15.00)
- _____ Team name, logo or stickers (additional \$15.00)
- _____ Helmet straps available in red and black (additional \$15.00)
- _____ Heavy Sports Mouthguard (additional \$10.00)
- _____ Heavy Pro Sports Mouthguard (additional \$20.00)

Hurry in and get your appointment scheduled!

_____ Additional processing charge of \$20.00 if appointment is scheduled after 9/15/09 for the fall sports season.

Please see the PlaySafe® brochure for photos of the options available.

\$65.00 (Promotional Price) + _____ (Additional Options) = _____ TOTAL PRICE

I request and authorize the dentists at Springfield Lorton Dental Group to perform the dental treatment or procedures indicated above. I understand that the purpose of this procedure is to minimize an oral injury my child might incur while playing a sport.

I understand that there have been no guarantees given or implied of any sort by anyone as to the results that may be obtained.

Payment is due in full at time of service. We are happy to give you a form to submit to your insurance for any possible reimbursement. We accept cash, check or credit cards. Payment by credit card can be made over the phone when scheduling appointment.

I certify that I have read and understand the above. Any questions about this treatment plan have been answered fully and to my complete satisfaction.

Printed Name of Student

Date

Printed Name of Parent/Guardian

Parent/Guardian Signature