

# ORTHOÜONTIC

## SPECIALISTS

DR. JESSICA FALK

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### Diagnostic Records Fees

Dr. Falk **MAY** request that the following diagnostic records be taken to better formulate a specific treatment recommendation and full treatment plan.

- Panoramic X-Ray \$105.00
- Cephalometric X-Ray \$105.00
- Study Impressions/Models  
and/or a Digital Scan \$135.00

**If requested, will ask permission before any are taken.**

If you have dental/orthodontic insurance coverage, our office will submit a claim for these services. You will be financially responsible for any balance after insurance has been received. **If you decide to pursue orthodontic treatment in our office, any payments received from your insurance carrier will be applied to your treatment fee.**

I understand/agree if these procedures are completed, I/we am/are financially responsible for these services.

Date \_\_\_\_\_ Patient Name: \_\_\_\_\_

Responsible Party Name: \_\_\_\_\_

Responsible Party Signature \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_