



203, 855-8th Ave SW, Calgary AB T2P3P1

Appointment Sequence and Payment Schedule:

1st appointment. Complimentary 30 minute consultation.

At this appointment, Dr. Loreen Wong will have a look at your teeth and discuss suitable treatment options. Feel free to discuss any questions or concerns you may have regarding Invisalign treatment.

2nd appointment. Records collection. \$350.00. Non refundable.

At this appointment, photos, radiographs and iTero scans of your teeth will be taken.

3rd appointment. View Clincheck. Clincheck is the estimated 3D rendering of your teeth after

treatment. If Clincheck is approved, a payment of \$1650 is required before Invisalign trays are fabricated. Remaining payment of \$2800 will be divided into 8 monthly payments of \$350 each. Patient can either leave a credit card number or post-dated cheques.

4th appointment. Insertion of trays.

Once the trays are fabricated, the active portion of the treatment may begin. At this appointment, attachments may be placed or teeth may be adjusted to facilitate movement.

Visits to the office on a regularly scheduled basis to check progress. Attending regular visits roughly once every 2 months is important to track progress of the Invisalign treatment.

If additional refinement trays are required, new records will be taken and additional trays fabricated. There is no additional charges for refinement trays.

5th appointment. Removal of attachments and possible placement of fixed retainers.

One set of removable retainers will also be fabricated. A laboratory fee will be charged for additional retainers should patient lose the initial set.

Zoom whitening will also be performed at this time to finish your dental transformation.

Initial: _____

If a patient moves in the middle of treatment we will suggest dentists that provide Invisalign in your new area to continue treatment. No refund will be provided by us and the full fee of \$4800 is still due. The new dentist may choose to charge additional costs.

If a patient decides to terminate treatment there is no refund.

Patient name: _____

Date: _____

Patient/Guardian Signature: _____