

Orthodontic Treatment Form

Member details

Member name Membership number

Address Postcode

Patient details

Patient name Date of birth
 / /

Provider details

Provider name Provider number

Address Postcode

Details of treatment

Complete treatment case Fixed appliance/s Removable appliance/s

Minor treatment case Fixed appliance/s Removable appliance/s

Description of service

Treatment to commence Expected duration of treatment Estimated cost of treatment
 / / \$

Costs of treatment

Code	Fee	Notes
Case notes	\$	
Initial payment	\$	
Progress payment	\$	
Other payment plan	\$	
Total fee:	\$	

Provider signature Date

/ /