

Myers Pediatric Dentistry & Orthodontics

Treatment Deposit

I fully understand that I am responsible for paying a treatment deposit before scheduling. The required deposits are as follows:

Oral Sedation - \$303

Nasal Versed - \$100

Nitrous - \$64

Anesthetic only - \$50

Frenectomy - \$50

I realize that my deposit is non-refundable if I fail to notify the office within 24 hours that my child is not able to attend their scheduled appointment. I understand that if my child is sick and cannot attend his/her scheduled appointment, I must have a note from my child's pediatrician in order to receive my deposit back. Cancellations made in less than 24 hours during our business week (Monday – Thursday) will result in treatment being scheduled 6 weeks or more after the original appointment.

Signed By: _____

Printed Name: _____

Witnessed By: _____

Date: _____