



INVISALIGN FINANCIAL WORKSHEET:

Patient Name: _____

Date: __ / __ / _____

Your orthodontic treatment includes: <ul style="list-style-type: none">✓ Initial Exam with Diagnostic Photos✓ Panoramic X-ray, Impressions of Upper and Lower Teeth✓ Invisalign Clear Aligners – every 2 weeks✓ Progress Impressions (if needed)✓ Vivera Retainers✓ All treatment appointments		\$ _____
Estimated Insurance Coverage		\$ _____
Your Investment		\$ _____
Your Down Payment		\$ _____
Total Amount to Finance		\$ _____
Monthly Payments via Care Credit (\$0 Down and 0% Interest)	6 Months	\$ _____
	12 Months	\$ _____
	18 Months	\$ _____