

(name of office)

## TREATMENT PLAN OVERVIEW

## CHILD'S OPINION

what does your child think of the orthodontist?  
the front desk staff? the incentive programs?

## CONVENIENCE FACTORS

ease of scheduling, appointment frequency,  
location of office, office open hours

## INSURANCE & PAYMENT PLAN INFO

do they accept your insurance? what payment plans are  
available? other discounts available?

## WHO WILL BE TREATING MY CHILD?

is the orthodontist providing all treatments?  
who are the other team members that will be involved?

## PLAN/CHILD COMPATABILITY

are there considerations about plan compliance concerns  
that need to be taken into account?

## WHAT HAPPENS WHEN...

how does the office handle clients that don't wear their  
bands, retainers or aligners? what if the patient is  
compliant but the treatment is unsuccessful?

## NOTES