



MOUNTAINSIDE ORAL IMPLANTOLOGY & PROSTHETICS

\$250.00 Package

I understand that the \$250.00 Package is a reduced fee that includes:

- CT Scan
- Full mouth series/any additional x-rays
- Diagnostic casts
- Chairside screening and examination

This data collection will be used for a comprehensive treatment plan to be established and presented to you. I understand I must return for this treatment plan presentation so that I may understand my options.

I understand that this discounted rate is offered with the office as a promotional package, and should I ask for a copy of my CT scan, I will be financially responsible to pay the difference up to \$475.00, and complete a release form for the office to be able to release these records.

Patient Signature: _____ Date: _____