



Dental Implant Payment Agreement

Date: _____

Name: _____

Address: _____

I, _____, agree to pay Dr. Trudy Corbett Dental Corporation for the surgical placement of dental implants in the following manner:

Payment Option 1.

Full Payment \$ _____ on day of treatment, prior to surgery

Payment Option 2.

½ Payment \$ _____ on day of treatment, prior to surgery

½ Payment \$ _____ at 1st post-operative appointment

Payment Option 3.

½ Payment \$ _____ on day of treatment, prior to surgery

¼ Payment \$ _____ at 1st post-operative appointment

Final Payment \$ _____ at 2nd post-operative appointment

All payments can be made by Cash, Visa, MasterCard, American Express or Debit Card.

We do not accept personal cheques for this service unless they are certified.

Signature

Date

**Merla Myers
Office Manager**

Date