



# F.O.R.C.E., Int.

Practice Management, Patient Education and Office Communication

*Everything you need for practice management, patient education  
and office communication on one convenient CD!*

\$200.00 U.S.

## APPLIANCES

Bonded Brackets  
Distal Jet  
Fixed Bite Block  
Habit Appliance  
Headgear  
Herbst Appliance  
Hilgers Pendulum  
Mandibular Lingual Arch  
Maxillary 3-Way Sagittal Appliance  
Maxillary Porter Arch  
Maxillary Schwarz Plate  
Rapid Palatal Expander  
Retention Appliances  
Split Lingual "E" Appliance  
Tooth Positioner  
Transpalatal Arch  
Twin Block - Headgear  
Twin Block

## CHART SYSTEM

Biodynamic Analysis  
Orthodontic Exam  
Orthodontic Consultation  
Today's Treatment  
Financial Arrangements  
Orthodontic Review  
Informed Consent  
Release for Purposes of Consultation  
HIPAA Consent  
Orthodontic Insurance Information  
Vector TADs Informed Consent

## EDUCATION

Bonded Brackets  
Distal Jet  
"E" Appliance  
Elastics  
Fixed Bite Block  
Habit Control  
Headgear  
Herbst Appliance  
Hilgers Pendulum Appliance  
Mandibular Lingual Arch  
Maxillary 3-Way Sagittal Appliance  
Maxillary Schwarz Plate  
Porter Arch/Transpalatal Bar  
Rapid Palatal Expander  
Retention Appliances  
TADs Vector  
Tooth Positioner  
Twin Block

## FINANCIAL MANAGEMENT

Financial Agreement  
Financial Agreement Patient/Insurance Contract  
Financial Agreement Patient or Insurance Contract  
Overdue Account  
Overdue Payment

## LIABILITY RELEASE REMOVAL APPLIANCES

Liability Release from Treatment

## ORTHODONTIC OFFICE COMMUNICATION

Good Cooperation Letter  
Poor Cooperation Letter to Patient  
Poor Hygiene Letter  
Retention Letter  
Thank You Patient Referral Letter  
Thank You Valued Patient Letter  
Welcome Letter

## PATIENT DISMISSAL

Delinquent Patient Letter  
Dismissal Letter

## PATIENT INFORMATION PACKET

New Patient Agreement  
Office Policies  
Orthodontic Risks and Limitations Patient Copy

## PRIVACY PRACTICE/HIPAA

Notice of Privacy Practices

### PRACTICE MANAGEMENT, PATIENT EDUCATION AND OFFICE COMMUNICATION CD

\$200.00 U.S.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

I will pay by:  Check (made out to **FORCE, Int.**)  Visa  MasterCard

Visa/MasterCard #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

PLEASE RETURN THIS COMPLETED FORM TO:



F.O.R.C.E., Int.  
55 W. Maple Rd.  
Birmingham, MI 48009



FAX:  
(248) 646-3308



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(248) 646-5220