



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



PHONE:
(800) 594-9045
(248) 646-5220