

New Patient



1 Sign new patient contract

As your doctor wraps up the new patient exam, it is important he/she recommends RFL:
 "Most of our patient's sign up for Retainers for life because it's the best way to protect your investment. It's not if but when you'll need a replacement, and this replacement program is the most convenient and affordable way to replace them. Signing up now gives you access to the lowest monthly payment available and locks you in at this price."

WOOD ORTHODONTICS

RETAINERS FOR LIFE

Protect your investment through Retainers For Life®

BENEFITS OF TREATMENT PROTECTION PLAN
 (Monthly cost)

- Option 1: Retainers for Life Protection Plan Pay \$149 (both included OOE \$149.00 (both locked))
- Option 2: Protection Plan Payment Option 1: Monthly Payments of \$4.58 (both locked)
- OOE & Monthly Payments of \$4.58 (one each)

I, _____, understand Retainers For Life to charge my account included below each month or pay a bill for payment of my/ my child's retainer.

Name of Patient: _____ DOB: _____
 Please Note: _____ Email Address: _____
 HOME / PHYSICIAN (both work) _____ WORK / SCHOOL / BOTH (both work)

Health Status
 DM Mammogram Breast Aest RA PSA

Cardholder Name: _____ Card # Number: _____
 Exp Date: _____ CVV: _____ Validation Code: _____

Billing Address: _____
 Signature: _____ Date: _____

I understand that the information on this form is subject to change and I agree to notify Retainers for Life of any changes to my account information. I understand that the information on this form is subject to change and I agree to notify Retainers for Life of any changes to my account information. I understand that the information on this form is subject to change and I agree to notify Retainers for Life of any changes to my account information.

19000 1st Century Way, Suite 2000, San Antonio, TX 78258
 Tel: 800-725-4918 | info@retainersforlife.com
 www.retainersforlife.com

3 "At the Eval For Debond appointment, remove all wires and bands and take an intra-oral scan of your patient. Send the scan to the RFL Lab. Submit a Retainer Order RX to RFL to be delivered to the office for debond day

New Scan

Doctor: Dr. Test, Test License: 12345

First Name: * Case Type: * iRecord
 Last Name: * Case Date: *
 Chart #: * Map To: Lightforce Orthodontics

RETAINER ORDER RX

Retainer Orders RFL0011
 Customizing Retainers for Melcher Orthodontics

* Required

1. Patient First Name *
 Enter your answer

2. Patient Last Name *
 Enter your answer

2 Register the patient through the 'Manual Enrollments'

4 On Debond Day, Deliver the RFL Retainers to the patient with an RFL Giftbag. Be sure to get a final intra-oral scan of your patient after brackets have been removed and send to RFL Lab for future retainer orders

MANUAL ENROLLMENTS

Manual Enrollments RFL0011
 Customizing Enrollments for Melcher Orthodontics

* Required

1. Coupon Code ALL CAPS *
 Enter your answer

2. Patient First Name *
 Enter your answer



In Treatment

1 At the Debond Consult, discuss Retention options using the RFL Flyers and Puppy Post card, and send a text to your patient using the 'Patient Communication' Form on your Dashboard



Patient Communication for Chelsea Orthodontics
Form for sending information to your patient

* Required

1. Orthodontist Last Name *

Enter your answer

2. Practice ID *

Enter your answer

2 From the text link your patient can enroll online using your coupon code OR In office using the End of Treatment contract and assistant registering patient through manual enrollments on the dashboard

CHelsea
Quick Enrollment Form

Use enrollment with special enrollment pricing.

Upon enrollment you will have access to replacement orders for a copy of \$275 for traditional clear retainers or \$215 for any custom retainers (dependent on your case for 3D).

ONE ARCH (UPPER /LOWER /both used)

OPTIONS	TOTAL VALUE	IN-TREATMENT EQUIPMENT
Practice ID	\$247.50	\$247.50
Retention	\$215.00	\$215.00

NEW ARCHIVES

OPTIONS	TOTAL VALUE	IN-TREATMENT EQUIPMENT
Practice ID	\$247.50	\$247.50
Retention	\$215.00	\$215.00

Name of Patient

Address

City

State

Zip

Phone

Insurance

Specialty

Specialty

Specialty

Manual Enrollments with Practice ID

* Required

1. Orthodontist Last Name *

Enter your answer

2. Practice ID Number only (found on your dashboard)

Enter your answer

4 On Debond Day, Deliver the RFL Retainers to the patient with an RFL Giftbag



5 At the first retainer check, take a final scan of your patient and send to the RFL Lab for future retainer orders

New Scan

Doctor: Dr. Test Test License: 12345

First Name *

Last Name *

Chart #

Care Type * **Aligner**

Due Date

Play To: Lightforce Orthodontics

3 At the Eval for Debond appointment, remove all wires and bands and take an intra-oral scan of your patient. If the patient enrolled in Retainers For Life, send the scan to the RFL Lab. Submit an Enrollment/Retainer Order RX to RFL to be delivered to the office for debond day. Send your patient home with the Debond Sheet.

New Scan

Doctor: Dr. Test Test License: 12345

First Name *

Last Name *

Chart #

Care Type * **Aligner**

Due Date

Play To: Lightforce Orthodontics

Retainer Orders with Practice ID

Custom Retainers for your patients

* Required

1. Orthodontist Last Name *

Enter your answer

2. Practice ID Number (Your Practice ID can be found on your dashboard)

Enter your answer

In Retention



1 Present cost of one replacement retainer vs RFL

“You can get replacement retainers for \$XXX amount today, or you can sign up for our lifetime replacement program for for \$349.50 per arch and it includes your first retainer(s) - this is the best way to protect your investment for the most affordable and convenient replacement retainers in the future”

4 From the text the patient can enroll using your coupon code OR In office using the Quick Enrollment form and assistant registering patient through manual enrollments on the dashboard.

2 Send patient text using the “Patient Communication” form on your dashboard

Patient Communication for Chelsea Orthodontics
Form for sending information to your patient

* Required

1. Orthodontist Last Name *

Enter your answer

2. Practice ID *

Enter your answer

CHLSEA
ORTHODONTICS

Quick Enrollment Form
Use to enroll with select RFL membership.
Once enrollment you will have access to replacement retainers for a supply of \$20 for traditional clear retainers or \$30 for early treatment retainers aligned to your doctor for the CHLSEA MEMBERSHIP PROGRAM.

OPTION	TOTAL VALUE	REPLACEMENT PROGRAM
Practice ID	\$400	\$349.50
Retention Fee	\$400	\$349.50

CHLSEA MEMBERSHIP PROGRAM

OPTION	TOTAL VALUE	REPLACEMENT PROGRAM
Practice ID	\$400	\$349.50
Retention Fee	\$400	\$349.50

Member of Household: _____ (Print / Relationship, book only)
 Household: _____ (Print / Relationship, book only)
 Contact: _____ (Print / Relationship, book only)
 Email: _____ (Print / Relationship, book only)
 Address: _____ (Print / Relationship, book only)
 City: _____ (Print / Relationship, book only)
 State: _____ (Print / Relationship, book only)
 Zip: _____ (Print / Relationship, book only)
 Phone: _____ (Print / Relationship, book only)
 Fax: _____ (Print / Relationship, book only)
 Email: _____ (Print / Relationship, book only)
 Text: _____ (Print / Relationship, book only)
 Social Media: _____ (Print / Relationship, book only)
 Other: _____ (Print / Relationship, book only)

18. Is a Retainer Order Needed Now or In the Future?
 No, this Membership Only
 No, I will order the Retainer separately on Scan Day
 Yes, lets process a Retainer Order now

19. Upper Quantity

20. Upper Retainer Order

Manual Enrollments with Practice ID

* Required

1. Orthodontist Last Name *

Enter your answer

2. Practice ID Number only (found on your dashboard) *

Enter your answer

3 Check for and submit the scan to RFL. If there is no scan on file, schedule the patient for a scan and send to RFL lab

New Scan

Doctor: Dr. Test, Test License: * 12345

First Name: *
Last Name: *
Chart #: *

Case Type: * iRecord
Due Date:
Ship To: Lightforce Orthodontics

18. Is a Retainer Order Needed Now or In the Future?
 Yes, lets process a Retainer Order now

19. Upper Quantity

20. Upper Retainer Order

5 Don't forget to include a retainer order with the membership if you are enrolling in-office. Do this by selecting “Yes, Let's process a retainer order now” on the Manual Enrollment Form. The included retainer can be shipped to the patient's home for convenience