SMILEWELL

RETAINER OPTIONS

Here at Smile Well, after-orthodontic care is just as important as active orthodontic treatment. To protect your investment in your beautiful new straight smile, we strongly advise that you wear your retainer every night for the rest of your life. Teeth will always have the tendency to want to move back to their original position, so let's make sure you are covered. This is why we offer you a Smile Protection Plan that will give you a lifetime of access to affordable retainer replacements. We even deliver them straight to your mailbox just like Amazon!

INDIVIDUAL PURCHASE	RETAINERS FOR LIFE PROTECTION PACKAGE
OPTION 1: **In-Office Replacement Retainer Cost**	**OPTION 2:** **Retainers For Life Protection Package**
Clear Retainers $300 ea/$600 set One set of retainers is included with treatment. Replacements may require an office fee. *prices subject to change	**Traditional Clear:** $43 ea/$86 set **Phase I Clear:** $63 ea *prices do not include shipping *prices subject to change Requires one time membership fee of $440 per arch (with discount code) This price includes replacement retainers at a WHOLESALE cost delivered to your door FOR LIFE!

Please circle which retainer option you would like:

OPTION 1 **OPTION 2**

☐ I understand that if I change my mind, or decide I do not like the retainer I have chosen, there may be additional charges.

Patient Name:_____

Signature:_____

*All prices are subject to change

Tel: 850-735-4968 | info@MyRetainersForLife.com | www.MyRetainersForLife.com

RETAINERS FOR LIFE

RETAINER Q & A

How long do I need to wear a retainer?
Retainers are a lifetime commitment. It is the only way to prevent shifting after all the hard work that your orthodontist and you have accomplished through treatment.

When can I stop wearing a retainer?
Our best answer is never. Teeth will always have a tendency to relapse. Not only that, but as we age our arches tend to get narrow. That is why some people get treatment as adults because although their teeth were always straight, they begin to crowd with age.

How much do I need to wear my retainer?
Follow your retainer wear as prescribed by your Orthodontist. Usually after the fulltime period your orthodontist has prescribed, you follow night-time for a lifetime. If your retainer begins to fit very tight, that is a sign that your teeth are trying to shift and you may need to add some hours of wear in the afternoons or the weekend.

How long does a retainer last?
Each retainer is subject to care and will last depending on how you care or wear your retainer. Clear retainers for the most part can last 3-5 years depending on how you wear down your retainers. Some people will grind heavily causing a retainer to only last 1 year or less, while others do not and they can last over 5 years. Hawley retainers tend to last 5-10 years or even more but may need occasional adjustments by your orthodontist.

What if I have a permanent retainer?
Permanent retainers only protect the teeth that it is connected to. At times that means only the front teeth. Your teeth can still shift with a permanent retainer and if you are unaware of a broken glue pad, it can cause decay and shifting if not immediately fixed. Protect your teeth by wearing your clear retainer over it.

What happens if I get dental work done?
If you have work completed, contact your Orthodontist to check your retainer and possibly scan your teeth in case it has changed the anatomy of your tooth.

What if I need dental work?
Communicate with your Orthodontist, they will advise that you continue with your retainer wear. They will coordinate with you to get a new scan once your dental work is complete.

RETAINERS FOR LIFE QUICK ENROLLMENT

CLEAR PROTECTION PACKAGE	
One Arch: upper/lower (circle one)	**BOTH ARCHES**
Pay In Full: $440	Pay In Full: $880
Payment Plan: 3 months x $153.33	Payment Plan: 6 months x $153.33

Name of Patient: _____ DOB:_____

Shipping Address:_____ PHASE I / TRADITIONAL (circle one)

Phone Number:_____ Email Address:_____

Credit Card:

☐ Visa ☐ Mastercard ☐ Discover ☐ Amex ☐ HSA ☐ FSA

Card Holder Name:_____ Card Number:_____

Exp Date:_____ CVV:_____ Withdrawal Date:_____

Billing Address:_____

Payment Option:

☐ Pay In Full ☐ Payment Plan Length & Amount:_____

Signature:_____ Date:_____

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