

	Patient Name	Child / Teen / Adult	Consult Date	Treatment Desired	Treatment Start Date	Overall Treatment Price	Pay In Full, 3rd Party Financing or Payment Plan?	Downpayment amount (if applicable)	Insurance Amount Applied
1									
2									
3									
4									
5									
6									
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9									
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24									
25									



	Patient Name	Child / Teen / Adult	Consult Date	Treatment Desired	Treatment Start Date	Overall Treatment Price	Pay In Full, 3rd Party Financing or Payment Plan?	Downpayment amount (if applicable)	Insurance Amount Applied
26									
27									
28									
29									
30									
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	Patient Name	Child / Teen / Adult	Consult Date	Treatment Desired	Treatment Start Date	Overall Treatment Price	Pay In Full, 3rd Party Financing or Payment Plan?	Downpayment amount (if applicable)	Insurance Amount Applied
51									
52									
53									
54									
55									
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	Patient Name	Child / Teen / Adult	Consult Date	Treatment Desired	Treatment Start Date	Overall Treatment Price	Pay In Full, 3rd Party Financing or Payment Plan?	Downpayment amount (if applicable)	Insurance Amount Applied
76									
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