

Compare your implant quotes

A consultation worksheet to keep treatment scope and costs clear.

Compare the same recommended treatment. Write "unknown" for unpriced items.

Office A: _____ Office B: _____

Quote dates: _____ Treatment goal: _____

TREATMENT / COST TO CONFIRM	OFFICE A	OFFICE B
Scope: one tooth, one arch or both?		
Fixed or removable? Number of implants?		
Implant, abutment and final teeth		
Imaging and treatment planning		
Extractions / gum treatment / grafting		
Temporary teeth		
Anesthesia or sedation, if applicable		
Follow-up visits / adjustments		
Maintenance / repair policy		
TOTAL TREATMENT FEE		
Estimated insurance contribution		
Estimated patient balance		

FINANCING: compare total repayment as well as the monthly payment.

Deposit: _____ Term / APR: _____ Monthly payment: _____

Total repayment: _____ Promotional deadline / conditions: _____

Before deciding

Confirm eligibility, exclusions, payment dates and what could change the estimate.

Insurance benefits and financing approval are not guaranteed. Keep each written quote.