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Terms and Conditions of Patient Volunteering Application for Implant Surgery

By submitting this application form, I acknowledge and agree to the following:

TREATMENT UNDERSTANDING

I understand that if I qualify for the program, the following will be provided free of charge:

- Initial dental records, including examination, scans, and x-rays (valued at $250)
- Implant surgery during the training program (valued at $3000 per implant)
- Associated bone/gum grafting, if required
- Necessary extractions related to implant placement
- Follow-up care for the first 3 months, including:
    - One-week post-surgery check-up
    - One-month follow-up appointment
    - Three-month implant integration check
    - Any reviews needed within this period if concerns arise

I acknowledge that I will be responsible for paying:

- Crown restoration fee of $3000 per implant, which must be paid upfront to secure my position in the program
- Normal fees for any preliminary dental work required before implant surgery
- Normal fees for any additional treatment not directly related to the implant surgery
- After the initial 3-month healing period, any additional maintenance or follow-up care will incur standard fees
- A 20% cancellation fee of the crown restoration fee if I withdraw or cancel my participation in the program to cover costs already incurred

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PROGRAM PARTICIPATION

I understand that treatment will be provided by qualified, registered dentists under the supervision of a mentor as part of a training program at Naenae Dental Clinic on the date advertised on the course page.

CANCELLATION POLICY

I understand and agree that:

- If I withdraw or cancel my participation in the program for any reason, a 20% cancellation fee will be deducted from my crown restoration payment to cover costs already incurred
- This cancellation fee applies regardless of the timing of my withdrawal or cancellation
- The remaining 80% of my crown restoration payment will be refunded to me using my bank account details
- The cancellation fee helps cover administrative costs, materials ordered, and scheduling impacts

I acknowledge that:

- Not all applicants will be selected for the program
- If selected, I must be available for treatment on the specified dates
- I must attend all required appointments, including follow-up care
- Treatment plans may need to be modified based on clinical findings

COMMUNICATION CONSENT

I understand that:

- I should not contact the clinic directly about my application
- If selected, a team member will contact me to arrange appointments
- I can opt out of promotional communications at any time
- Clinical information may be shared between treating professionals

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PRIVACY AND DOCUMENTATION

I agree that:

- My dental records may be used for educational purposes
- Photos and scans may be taken for treatment planning and documentation
- My privacy will be protected in accordance with relevant laws
- De-identified treatment information may be used for educational purposes

TREATMENT SUCCESS

I understand that:

- Dental implant success rates are high but not guaranteed
- My compliance with post-operative instructions is essential
- Following recommended maintenance protocols is crucial

FINANCIAL UNDERSTANDING

I acknowledge that:

- While initial records and implant surgery are free, crown restorations cost $3000 per implant and must be paid upfront to secure my position
- A 20% cancellation fee applies if I withdraw from the program, which will be deducted from my crown restoration payment
- All costs for additional treatments will be clearly explained before proceeding
- Payment for any additional treatments will be required as per the clinic policy
- Financial arrangements must be confirmed before treatment begins

ACKNOWLEDGMENT

- I confirm that all information provided in my application is true and correct
- I understand that providing false information may disqualify me from the program

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- I acknowledge that submission of this form does not guarantee acceptance
- I agree to attend all required appointments if selected
- I understand that I must pay the crown restoration fee upfront and that a 20% cancellation fee applies if I withdraw

I have read and accept these terms and conditions, understand which services are free and which will incur fees, and consent to receive communications from the Institute of Digital Dentistry and Naenae Dental Clinic.