

Dr. Donald Boudreaux Jr.
Southern Oral & Facial Surgery
Dental Implant Policy

Implant fees Implant Surgery Total - _____ Covered under this total: Implant Bone grafting material
Surgical placement of implant Healing abutment Post-operative care All follow up appointments Encode digital
impression for custom abutment (THIS FEE DOES NOT INCLUDE THE FINAL ABUTMENT OR DENTAL CROWN. THIS
WILL BE DONE BY YOUR REFERRING DENTIST, AS DR. BOUDREAUX DOES NOT PERFORM ANY RESTORATIVE WORK.)

In some cases, once a tooth is extracted the implant may not be able to be placed immediately. In this case, ridge
preservation will be performed, and the implant will have to be placed at a later date. At this following planned
surgical appointment, you will be given the option to either have IV sedation, or have the remaining procedure
performed under local anesthesia. If you choose IV sedation there will a charge of \$290.00. Local anesthesia will be
performed at no charge.

Payment of Fees Implants are required to have a 50% deposit paid to secure your surgery time & order materials-
_____ On the day of your surgery the final 50% is due in full, regardless of implant placement-
_____ (This may be done with cash, check, major credit card, or Care Credit.)

Should you choose to cancel your appointment, at least 48 hours notice must be given and HALF of your deposit
will be refunded. If you choose to cancel your appointment for implant placement after the ridge preservation is
done, you WILL NOT be refunded your deposit.

Insurance It has been our experience that dental insurance often does not pay for the cost of implants. Although
we are not providers for insurance, we are willing to file the insurance for you as a courtesy. Most
reimbursements will be sent to us, then quickly forwarded to you.

Thank you for understanding our implant policy. Please let us know if you should have any questions or concerns.

I have read the implant payment policy. I understand and agree to the above mentioned guidelines.

Named Printed Patient or Responsible Party Signature _____ Date _____ Patient