

336 Armour Road
Peterborough, Ontario
K9H 1Y6



Phone: 705-743-8085
Fax: 705-743-7268
www.smiles.ca

Post Treatment Retainer Estimate

Patient Name: _____

Date: _____

Estimate valid for 3 months

Option #1:

☐ Upper **or** Lower Retainer: \$300

Option #2:

<input type="checkbox"/> Upper or Lower Invisalign Retainer:	\$125(no scan)	\$250(with scan)
<input type="checkbox"/> Upper and Lower Invisalign Retainer:	\$200(no scans)	\$350(with scans)

Option #3:

<input type="checkbox"/> Upper or Lower Vivera Retainer:	\$350(no scan)	\$500(with scan)
<input type="checkbox"/> Upper and Lower Vivera Retainer:	\$500(no scan)	\$650(no scans)

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