

ORTHODONTIC DEBAND CONSENT

Patients Name: _____

Date: _____

Dear _____;

_____ braces are scheduled to be removed on _____. By signing this form below you are authorizing Dr. Nguyen to remove _____ orthodontic appliances and confirming that you are completely satisfied with the orthodontic treatment. If you have any concerns, please let Dr. Nguyen know immediately before appliances are removed.

We will be scheduling a follow up appointment to deliver retainers and periodic appointments to adjust them as stated in your original contract. Patient and retainer must be present for these appointments. **Please remember retention is a very important phase of your orthodontic treatment. Patients are expected to wear their retainers full time at first, and part-time indefinitely to preserve their new smile.** Please contact us immediately if a retainer is lost or broken to prevent relapse of treatment.

Patients who require antibiotic pre-medication should remember to take it for the appliance removal appointment.

If there is any outstanding balance on your account, it will need to be brought up to date before the appliance removal appointment is made. If you have any questions, please contact our office.

Please remember to visit your dentist for your routine dental maintenance.

Signature of Patient/Parent/Guardian

Signature of Orthodontist/Group Name