

CONSENT FOR BRACKET REMOVAL

Patient Name

Your Orthodontic Treatment Is Now Complete!!!!

I have had the following procedure completed:

- 1. Comprehensive Orthodontics**

- 2. Braces for Six Months**

The results of my Orthodontic treatment have met my desired level of satisfaction. I have had the opportunity now to address any issues that still exist with the alignment of my teeth. I realize that by signing this form I am accepting the final result or the active orthodontic phase and I am committing to the retention phase of orthodontic treatment. Retention requires the full time wearing of retainers for 6 months and then night time only for 6 months. After one year, my dentist recommends that retainers be worn every night for life in some situations, and 2 – 3 nights per week in other cases. Dr. Giuliani will notify me in 12 months as to what he recommends at that time.

I have the option now to refrain from having my braces removed and continue to wear them to correct anything else that is still bothering me. I acknowledge that by removing my brackets today, should I want to have them placed back on at a later date to correct something that still bothers me, that I will be responsible for a new contract and a new fee for orthodontic treatment. The new fee may be the full cost of orthodontic treatment again.

I understand my options at this point, and I hereby authorize Bridge Street Dental Centre to remove my brackets and wires, so that I may enter into the retention phase of treatment.

Printed Name

Date

Signature-Patient/Parent/Guardian