



Consent form for Premature Removal of Appliances

I hereby certify, on behalf of patient named below

Name _____ Date of Birth ____//____//____

and all those who may now or in the future have any interest in the care and treatment of (myself) (my child), that I have, on my own volition and as my voluntary act, requested removal of my orthodontic appliances by the dentist.

I further acknowledge that said Dentist has advised me against removal of said appliances at this time, and has informed me that there are significant risks in doing so, including, but not limited to,

Shifting of teeth,
Impairment of treatment results,
Relapse, and
Decline in my dental and orthodontic health,
as well as the consequences resulting there from, and specifically including the following risks:

In consideration of, among other things, said dentist's agreement to remove my appliances at my request and such removal, the sufficiency of which is hereby acknowledged, I do hereby, on behalf of (myself) (my child), and all those who may now or in the future have any interest in the care and treatment of (myself) (my child), now and forever release and discharge said Doctor, his/her agents, employees, professional corporation, insurers and assigns from any loss, costs, damages or expenses arising out of the removal of my appliances as aforesaid.

I understand that this is a full waiver and release of any and all claims (I) (or my child) or anyone claiming through or on behalf of (me) (my child) may now have or may acquire in the future arising out of the removal of (my) (my child's) appliances as aforesaid by said dentist, his/her agents or employees.

I further understand that, by executing this Release and Waiver and said dentist's agreement to remove my appliances at my request and such removal, (I) (my child) and anyone claiming through or on behalf of (me) (my child) will be forever foreclosed from any claim for damages arising out of or related to the removal of said appliances as aforesaid.

This Release and Waiver is the entire agreement between the dentist. The undersigned, in executing this Release and Waiver, acknowledges that the consideration recited herein is the consideration for the full and final release and waiver contained herein, and that no other understandings or agreements, representations or promises, verbal or otherwise, have been relied upon by the undersigned in executing this Release and Waiver.

I confirm that I have read and fully understand this consent form prior to my signing it.

I realize that signing does not mean that I am under an obligation to have any treatment and that I may decide not to proceed with all or any part of the treatment.

Similarly signing this means that I only pay for the treatment that I have actually had done.

Signature _____ Date ____//____//____

If a minor/child

Name _____

Relationship to patient _____