ORTHODONTIC INFORMED CONSENT

for the Orthodontic Patient

Early Removal of Orthodontic Appliances

The purpose of this document is to inform you of the general risks associated with the early, premature removal of the orthodontic appliances.

Patient Name: _____

I understand that the orthodontic treatment is NOT complete. I was explained by Drs. Ng and/or Tran the consequences of removing the orthodontic appliances before the recommended time. Such sequelae include:

1) Teeth still not straight, crowded, or overlapping

2) Spaces present that will not close and may get bigger over time

3) Upper and lower teeth not occluding or biting properly

4) Treatment goals not being reached

I understand that although my orthodontic treatment is not complete, upper and lower retainers are recommended. I understand that wearing them as instructed by Drs. Ng or Tran will prevent my teeth from shifting back. Furthermore, I understand that wearing the retainers WILL NOT correct any uncompleted treatment and that they are solely for the purpose of preserving the orthodontic correction that existed when the braces were removed.

Although I am having the braces removed prematurely, I agree to get the upper and lower retainers and wear them as instructed by Drs. Ng or Tran,; or

Despite Drs. Ng or Tran's recommendation, I have decided NOT to get the upper and lower retainers.

I have reviewed this notice, and I understand the issues it describes. I have discussed any questions I have with Drs. Ng or Tran. I acknowledge I assume these risks and choose to continue with the removal of the orthodontic appliances.

_____ _____

Signature of Patient/Parent/Guardian Date

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