**Dental Clinic Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Nos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Note: This Copy is for Clinic Records)

**CONSENT TO REMOVE BRACKETS AND PLACEMENT OF RETAINERS**

Maintaining the treatment result following orthodontic treatment is one of the most difficult aspects of the entire treatment process. Normal maturational changes, together with post-treatment tooth alterations, conspire against long-term stability. Therefore, it is needed that after bracket removal, retainers should be placed.

This contract specifies that the patient has given our clinic the right to remove the brackets, as per patient’s desire to stop the treatment and necessary post treatment instructions has been explained to the patient and/or patient’s parent / guardian. The patient is required to pay the full amount of the Orthodontic treatment whether the treatment is finished or unfinished.

If the patient chooses to have the retainers installed in this clinic, full payment is to be made prior to the installation of the retainers. This agreement specifies that the patient agrees to visit the clinic once month or every (no of months) \_\_\_\_\_\_ , in \_\_\_\_\_\_year for check up and possible adjustments. There will be extra charges for broken or lost retainers.

Once the retainers has been placed, this contract specifies that he/she needs to inform our Dental clinic if there is a need for him/her to go out of the country or somewhere else for a longer period of time that might affect the schedule for monthly check-up. The patient should be fully aware that in order to achieve satisfactory orthodontic treatment results, he/she needs to comply with the monthly check-ups. The Dentist is not liable for prolonged treatment or undesirable results of the patients fails to comply with their appointments. Therefore extra charges may apply if he/ she wishes to continue the treatment visits.

***Please sign here if you wish to remove the brackets and install retainers***

 ***at our clinic (name of clinic) and if you agree to the above terms and conditions***

**TREATMENT FEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please sign here if you wish to remove the brackets and install retainers***

***At OTHER Dental Clinics***

If the patient chooses other dentists to install retainers for them, for any reason at all , it should be known to them that our clinic will not be liable for any undesirable changes in any tooth position /gingival changes/or other undesirable changes related to orthodontic treatment since they have opted not to install the retainers in our clinic. The Brackets will be removed upon full payment of the Orthodontic treatment fee.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_