

## Consent for Debonding of Orthodontic Braces

**Patient Name:**

**Age:**

**File number:**

**Date:**

By signing this form below you are authorizing to remove orthodontic appliances and confirming that you are completely satisfied with the orthodontic treatment.

If you have any concerns, please let us know immediately before appliances are removed.

We will be scheduling a follow up appointment to deliver retainers and if required periodic appointment to adjust them.

Please remember retention is a very important phase of your orthodontic treatment. Patients are expected to wear their retainers full time for first year, 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.

In case of fixed retainers please visit clinic for routine cleaning. In case of any breakage of fixed retainer, please contact clinic for 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

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Signature of Patient/Parent- Name

Signature of witness-

Place -