

Consent to End Orthodontic Treatment

Patient Name: _____

I, _____ hereby consent to end my/my child's orthodontic treatment, and remove all orthodontic appliances. I have had the opportunity to ask Dr. Lundner questions about ending treatment. I understand the current positions of the teeth and jaws are the outcome of treatment, and that no further treatment is planned.

If I have chosen to have retainers made, I understand these retainers will retain the current positions of the teeth, and only if worn as instructed. If I have declined to have retainers made, I understand the teeth will likely shift significantly once the orthodontic appliances are removed.

I have read and understand this informed consent.

Signature of Patient or Parent/Guardian

Date