

Early Discontinuation of Orthodontic Treatment Request Form

Patient Name: _____

I, _____ hereby request to discontinue my/my child's orthodontic treatment, and remove all orthodontic appliances, even though it has been explained to me that his/her/my treatment is not yet complete for functional and/or cosmetic reasons. Consequences of premature discontinuation of orthodontic treatment are difficult to predict. It may cause no harm at all, or may result in premature wear of the teeth and or jaw dysfunction and discomfort, aside from any cosmetic shortcomings.

It has also been explained to me that if the teeth have cavities or weaknesses that are under the braces, the teeth may have damage, or may become damaged during the removal of braces or other orthodontic appliances. Any damage should be corrected by a dentist as soon as possible.

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

I have read and understand this informed consent.

Signature of Patient or Parent/Guardian

Date