Pediatric Dental Specialists
"Guiding the Way to Optimal Oral Health"

Patient's Name_____

CONGRATULATIONS!!!

I understand that I have completed the active part of my orthodontic treatment and now will be receiving a set of retainers, which begins the last part of my orthodontic treatment. I realize that wearing the retainers full time is very important because they help to "hold" my teeth in their new position. I am satisfied with the present position of my teeth and bite. I agree with the doctor that my braces are ready to be removed. I agree to wear my retainers as instructed and maintain regular scheduled retainer check appointments and understand that if I do not do so there could be a relapse of my teeth which would require new retainers or more active treatment (at an additional cost).

If I loose or break my retainers, I know that I should call the office immediately, and I understand there will be an additional cost to repair or replace my retainers.

Signature of Patient Date

Signature of Parent/Responsible Party Date

Signature of Orthodontist Date

DIPLOMATE, AMERICAN BOARD OF ORTHODONTICS

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