

Smiles Of Carpentersville
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Informed consent for Braces Removal

Patient's Name (PLEASE PRINT)

Date

Congratulations! Today is the day that your braces are coming off to unveil your beautiful smile! You are now entering an important phase of your treatment—the Retention Phase.

Completed orthodontic treatment does not guarantee perfectly straight teeth for the rest of your life. Teeth have a memory and often try to move back to their original positions. Retainers are required to keep your teeth in their new positions. Regular retainer wear is necessary for lifetime as your body is continually undergoing growth and maturation. Minor irregularities, particularly in the lower front teeth may occur. In summary, you need your retainers to keep your teeth as straight as possible. But even with good retainer wear, your teeth may move slightly.

Consent for Braces Removal

I consent to the removal of my braces/appliances.

Patient's or Guardian's Signature

Date

Consent for Retainer

Retainer Instructions and Responsibilities

I understand that I have the following responsibilities:

1. Wear my removable retainers 22 hours a day (including sleeping) for the first year followed by “night-time for life-time” wear.
2. Do not wear my removable retainers during eating to prevent damage.
3. Keep my removable retainers in the proper case when not wearing them.
4. Maintain my scheduled retention appointments as prescribed by my orthodontist.
5. Bring all removable retainers to my retention appointments.
6. Clean around my bonded retainer.
7. Have my General Dentist evaluate the readiness for wisdom tooth extraction.
8. Call the office immediately if my retainer breaks or is not fitting properly.

Lost or Broken Retainers

Your retainers are made using only the best possible material. If a retainer is lost or damaged, call our office immediately to schedule an appointment. There will be a laboratory charge per replacement retainer.

If further treatment is required due to unexpected growth or noncompliant retainer wear, additional charges will be applied.

I understand the above information. I have had an opportunity to ask any questions and I have had those questions adequately answered.

Patient's or Guardian's Signature

Date