



521 Washington Avenue

North Haven, Ct 06473

203.234.3900

Date: _____

I, _____, request that my Orthodontic appliances be removed on this date. I understand that I will not have the best achievable orthodontic result and accept the consequences of having my orthodontic appliances removed. I realize that leaving teeth in their current position may be a periodontal compromise. I understand that in order for teeth to remain in their current position, use of removable retainers is required. I also understand that I, upon the removal of the orthodontic appliances, release the orthodontist, Nova Dental and its affiliates of any liability and responsibility. If I decide to continue orthodontic treatment at a later time, then the decision as to whether or not to treat my case will be entirely up to the orthodontist. If considered, a full case fee will be charged.

Patient's signature

Parent or Guardian's signature

Orthodontist's signature