

Bourne Orthodontics
Bourne To Smile!

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BRACES REMOVAL AND RETAINER CONSENT FORM

Congratulations!! Today is the day your braces are coming off to unveil your fabulous new smile! You're 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 position. Retainers are required to keep your teeth in their new position.

Lifetime, regular retainer wear is often necessary as your body is continually undergoing growth, maturation and your teeth are subjected to forces from your tongue, cheeks, lips, parafunctional habits (nail biting, grinding, etc.). 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.

If there is movement after the braces are removed there WILL be a FEE if you would like us to attempt to recapture the alignment. That fee will be determined by how much movement is necessary to realign the teeth._____ (initial)

Consent for Braces Removal

I am pleased with my/my child's smile and consent to the removal of the braces/appliances.

Signature: _____

Retainer Instructions and Responsibilities

I understand that **I** have the following **responsibilities**

1. Wear my retainers as instructed by my orthodontist
2. Take my retainers out to eat and ALWAYS put them in their case (never a napkin)
3. Maintain my schedule retention appointments as prescribed by my orthodontist
4. Clean retainers thoroughly once a day
5. Call the office immediately if my retainer breaks or is not fitting properly

Patient Signature: _____

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 minimum lab fee per retainer for replacements.

I understand the above information. I have had an opportunity to ask any questions and I have had those questions adequately answered. I am ready to proceed with the braces removal.

(Parent/Guardian signature)

(Date)

(Office Representative)

(Date)