



ORTHODONTIC COMPLETION & RETAINER CONSENT FORM

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.

This retention phase of treatment needs to be individually tailored for each patient and usually consists of wearing fixed retention appliances in conjunction with removable retainers which are designed to hold the teeth in place once orthodontic treatment has been completed.

CONSENT FOR ORTHODONTIC COMPLETION

I have requested for the completion of my treatment and I understand that the treatment may not be complete. As treatment may be incomplete, I understand that results may be compromised.

Signed: _____ Date: _____

RETAINER INSTRUCTIONS AND RESPONSIBILITIES

I understand that I have the following responsibilities:

- **Wear my removable retainers 24 hours a day (including sleeping) for the first two weeks followed by “night-time (10 hours) for life-time” wear.**
- Do not wear my removable retainers while eating to prevent damage.
- Keep my removable retainers in their case when not wearing them.
- Maintain my scheduled retention appointments as prescribed by my Dentist.
- Bring all removable retainers to my retention appointments.
- Clean as instructed around my bonded retainer, if applicable.
- Call the office immediately if my retainer breaks or is not fitting properly to reduce any movement.
- I understand that if a retainer is lost or damaged (damaged after 6 months from the issuing date) there will be a charge (\$250) to cover the laboratory cost per replacement retainer.
- I understand that if my retainers are not worn and my teeth move, the retainers may not fit. Orthodontic retreatment may be required and incur an additional fee.

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 completion of my Orthodontic Treatment.

Signed Patient/Guardian: _____ Date: _____