

DECK DENTISTRY | Consent for Orthodontic Treatment

I, _____ hereby authorize Dr. Greg Deck to perform orthodontic treatment
Print Parent/Guardian Name

on, _____
Print Child's Name

I am aware that Dr. Greg Deck is a General Dentist providing orthodontic treatment. Dr. Greg Deck has explained the diagnoses and proposed treatment plan to me and I understand them fully.

This treatment involves the placement of fixed and removable appliances. These appliances allow for tooth movement and the remodeling of the bone around these teeth. In some cases, it is necessary to remove teeth before and during treatment, which has also been explained.

It has also been explained that poor patient cooperation or missed appointments may dramatically affect the desired outcome of the treatment or prolong the treatment time. Under such circumstances there can be no guarantee of the treatment outcome.

The patient has also been instructed on the proper care for the appliances and fixed brackets. Lost or broken appliances will be replaced at the patient's expense. In addition, any broken brackets will be replaced at without charge for the first five occurrences, after that there will be a \$50.00 charge for any subsequent broken brackets.

Susie, our Treatment Coordinator, has explained the fee for this treatment and discussed our payment plans with you. It is understood that delinquent accounts past 60 days will result in the termination of the orthodontic treatment.

Orthodontic adjustment appointments are booked every 4 weeks. These appointments are booked when the schedule allows. After school appointments are very popular and not always available and I am aware that adjustment appointments may need to be booked throughout the school day.

Patient (Parent or Guardian) Signature

Date

Dentist's Signature

Date