



REQUEST TO COMPLETE ORTHODONTIC TREATMENT

DATE: _____

It has been explained by the staff at Starr and Glick Orthodontics that orthodontic treatment has been completed and braces are ready to be removed. I, _____, legal guardian for _____, am satisfied with the orthodontic result that has been achieved and authorize the removal of orthodontic appliances.

I understand that retention services are a part of the contract for orthodontic treatment and I understand that **one** set of clear invisible Essix retainers are included with the original treatment fee. Other types of retainers can sometimes be prescribed at the discretion of the orthodontist. **Premium Vivera® retainers are strongly recommended for all patients for best long-term retention and are available at an additional cost.** Please note that our practice does not use any fixed or bonded retainers or wires.

In most all cases, it is recommended that retainers should be worn full time (all day and all night) for the 12 weeks immediately following appliance removal. Once 12 weeks of continuous full-time retainer wear has been completed, it is recommended that retainers be worn nightly for life to best maintain the result. If any issues with the retainers arise, it is important to call the office immediately so that we can properly assess the situation.

I have been informed that lifetime retainer wear should be considered to maintain the present result. That being said, it is important to discuss the permanence of orthodontic correction. It has been the experience of orthodontists over the nation, throughout the years, that 80-90% of the correction can be maintained. Teeth are there to be used and some adaptive changes occur. This is not failure of the correction but nature's changes that we learn to expect from the body as we grow older.

Should the positions of the teeth ever relapse to the point where orthodontic re-treatment is desired, Starr and Glick Orthodontics will agree to re-treat the case with braces **for 50% of the original treatment fee.** Re-treatment with Invisalign® is subject to usual and customary fees.

Broken and/or lost retainer(s) can and should be replaced. The fee for such replacement retainers (clear invisible Essix retainers) is **\$300.00** each (\$600.00 for both). Additional fees may apply for other types of retainers.

Additionally, due to the wear and tear of the harsh oral environment on all types of retainer materials, most retainers do not last forever. Replacement of well-worn retainers every few years can be considered for best long-term retention of the teeth. New retainers (clear invisible Essix retainers) can be made for **\$300.00** each.

It is important to mention that the replacement of any retainer (except for Viveras®) **requires new impressions** of the teeth as the old molds that are initially used to create the first set of retainers are destroyed as part of the retainer fabrication process.

x _____
Signature **Date**





AUTHORIZATION FOR USE OF PHOTOGRAPHS

One of the most exciting aspects of orthodontics for our patients and their families is the unveiling of a brilliant new smile at the conclusion of treatment. In our practice we like to celebrate this happy moment in a number of different ways. One way in which we recognize our patients' achievements is to display photos of their smiling faces and beautiful teeth in our office, on our website and social media, and to prospective new patients. While most of our patients love to show off their smiles in this manner, we are keenly aware that some prefer not to do so and we want to respect your privacy at all times. Please take a moment to sign your initials below authorizing us to display and use your child's facial and intraoral photos:



On our office's digital and printed bulletin boards



On our practice's website and social media



With prospective new patients to our practice



Please do not display my child's photos

Please clearly print your child's name and your own name below and then sign and date this document. Your signature below affirms your choice(s) initialed above.

Patient's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Today's Date: _____

THANK-YOU FOR ALLOWING US TO WORK WITH YOU AND YOUR FAMILY!!!

