



## ORTHODONTIC DEBAND CONSENT

\_\_\_\_\_ braces are ready to be removed. By signing this form below you are authorizing Dr. Ramaswamy to remove your braces and confirming that you are completely satisfied with the orthodontic treatment. If you have any concerns, please let Dr. Ramaswamy know immediately before appliances are removed.

We will be scheduling your deband appointment along with a follow up appointment to deliver retainers and periodic appointments to adjust them as stated in your original contract. Patient and retainer must be present for these appointments. Please remember retention is a very important phase of your orthodontic treatment. Patients are expected to wear their retainers full time at first, and part-time indefinitely to preserve your new smile. Please contact us immediately if a retainer is lost or broken to prevent relapse of treatment.

Patients who require antibiotic pre-medication should remember to take it for the appliance removal appointment.

If there is any outstanding balance on your account, it will need to be brought up to date before the braces are removed and an appointment is made. If you have any questions, please contact our office.

Please remember to visit your dentist for your routine dental maintenance.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Signature of Patient/Parent/Guardian

\_\_\_\_\_  
Date