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M E M B E R S

AMERICAN
ASSOCIATION OF
ORTHODONTISTS

RELEASE OF LIABILITY FOR REMOVAL OF ORTHODONTIC APPLIANCES

Date: _____

Patient Name: _____

This is to certify that I, _____, responsible party for the above named patient, request the removal of orthodontic appliances and termination of treatment. I have been informed that treatment has not been completed and that Dr. _____ recommends the continuation of treatment in order to obtain the best results.

I hereby release Dr. _____ of Drs. Schantz and Moranda, A Dental Corporation, from any responsibility for all consequences caused by the treatment being terminated against the advice of the orthodontist.

Signature of Responsible Party

Date: _____

Witness

Date: _____

