

Orthodontic Treatment Discontinuation

Patient Name:

Date:

Treatment complications and other extenuating circumstances require removal of orthodontic appliances as soon as possible. This case is incomplete and the patient/parent/guardian understands the reason for the discontinuation of treatment.

Reason for Discontinuation of Treatment

- Patient request removal of appliances. With/Without retainers.
- Patient uncooperative or noncompliant and discontinuation of treatment is in his/her best interest.
- Transfer to remote areas necessitates removal of orthodontic appliances (IE: Military transfer)
- Other extenuating circumstances:

Additional comments and/or explanations:

You are releasing _____
and their office from the responsibility of your treatment.

Patient/Parent/Guardian Signature

Date

Witness Signature