

Welch Orthodontics

I am satisfied with the result of the orthodontic treatment I have received, for

Myself, _____

My child, _____

or legal dependent, _____

at Welch Orthodontics.

I give my permission for Dr Welch to remove the braces at this time.

I understand the day I am scheduled to get my braces off will require a 3-4 hour commitment of office time, including doctor time, assistant time and laboratory time. (The retainers will normally be made and delivered the same day). Any change to the scheduled appointment (s) must be made 48 hours in advance and may result in a compromised treatment. Anything less than 48 hours will result in a \$200.00 fee, along with any additional treatment visit charges. All remittances must be paid before I can reschedule. We schedule 6 to 8 weeks out, so if you have to reschedule, your next appointment will not be until then. All remittances must be paid before I can reschedule.

Patients Name: _____

Patient / Parent signature: _____ Date: _____

Staff member's signature: _____