

Daryl Yorek, DDS

Orthodontics for Children & Adults and Dental Sleep Medicine

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Consent for Removal of Braces

Patient Name _____ Date _____

We are so excited that you have successfully completed your orthodontic treatment. Now is the time to take a final look at your new smile so that we can address any last concerns you may have prior to the removal of your braces.

After your braces are removed you will receive retainers to maintain your new smile. Dr. Yorek has found to ensure greatest stability of your new smile indefinite retainer wear is recommended. You will receive the following: (Please circle all that apply)

- 1) Upper and/or lower removable retainers
- 2) Upper and/or lower fixed retainers
(these are bonded behind your teeth)
- 3) Dr. Yorek has decided not to place fixed retainers at this _____ time due to _____, however if Dr. Yorek determines you are a candidate for fixed retainers in the future we will place them at no charge ***within one year from the date on this form***

Your retainers are an extremely important part of your orthodontic treatment as they are designed to prevent any future relapse. Dr. Yorek and staff will provide you with proper care/eating instructions for your new retainers as they will provide you with a lifetime of retention. Please follow these instructions carefully to prevent loss or damage as your new retainers are designed to last a lifetime. This will also eliminate the need to purchase replacement retainers, which can be quite expensive.

I agree to have my braces removed to complete my active phase of orthodontic treatment. I understand that my retainers are to be worn and cared for as directed by Dr. Yorek. If replacement retainers are needed due to loss or damage, I understand that a replacement fee will be charged.

Patient / Guardian _____ Date _____