

Dismissal Letter

Date _____ Name _____

Dear Patient and Parent/Guardian,

Your active orthodontic appliances have been off for some time now. We have been providing supervision to assure your comfort and case stability.

At this time, we usually dismiss our patients from active supervision in this office.

We do, however, wish to remind you that growth and development and the changes that they bring are ongoing.

We encourage all our patients to continue using their retainers as much as reasonable to maintain the best possible results. They should be worn every other night, or at least until the wisdom teeth (3rd molars) are checked. The longer you continue to wear them, the better your long term result will be.

Your wisdom teeth should be checked on a regular basis by your dentist. Most of us do not have room for these teeth to erupt. They can put pressure on the other teeth and cause them to move. The suggested age to ask about them is 16 or 17 years old.

Should you require any further treatment in the future, we are available to assist you.

It has been a pleasure having you and your family in our office.

Sincerely,

Use of this form by the parties does not constitute an opinion, legal or otherwise, by Healthplex, Inc. that the content or terms in this form as entered into by the parties should be accepted by the parties for a particular treatment or service. The parties disclaim any and all liability on the part of Healthplex, Inc. in connection with their use of this form.