

ORTHODONTIC TREATMENT PROGRESS

Date:

To: Parent/ Guardian of _____, ID: _____

From: Treating Orthodontist, Dr. _____

Re: Orthodontic Treatment Progress

A review of your records has determined that treatment has not progressed as expected due to the following non-compliant behavior:

- Multiple missed or broken appointments
- Multiple broken appliances or brackets
- Failure to follow provider's instructions, re: extractions and/or exposures
- Poor oral hygiene
- A change in treatment plan (at your request)
- Other _____

If this continues it can lead to a poor treatment result, unnecessary extension of treatment time and increased costs for all parties.

Please sign below to indicate that you understand the importance of timely orthodontic care and your responsibilities as a patient/parent/guardian.

Failure to follow the agreed upon treatment plan may result in removal of orthodontic appliances and the discontinuation of treatment.

Signature of Parent/Guardian _____ Date _____

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Orthodontic Treatment Progress