

Date: _____

Name: _____

Address: _____

I, _____, hereby certify, on behalf of myself, and all those who may now or in the future have any interest in the care and treatment of myself, that I have, on my own volition and as my voluntary act, requested removal of my orthodontic appliances by Dr. _____.

I further acknowledge that Dr. _____ has advised me against removal of said appliances at this time, and has informed me that there are significant risks in doing so, including, but not limited to, shifting of teeth, impairment of treatment results, relapse, and decline in my dental and orthodontic health, as well as the consequences resulting therefrom, and specifically including the following risks:

In consideration of, among other things, said Doctor's agreement to remove my appliances at my request and such removal, the sufficiency of which is hereby acknowledged, I do hereby, on behalf of myself, and all those who may now or in the future have any interest in the care and treatment of myself, now and forever release and discharge Dr. _____, his/her agents, employees, professional corporation, insurers and assigns from any loss, costs, damages or expenses arising out of the removal of my appliances as aforesaid. I understand that this is a full waiver and release of any and all claims I or anyone claiming through or on behalf of me may now have or may acquire in the future arising out of the removal of my appliances as aforesaid by Dr. _____, his/her agents or employees. I further understand that, by executing this Release and Waiver and Dr. _____'s agreement to remove my appliances at my request and such removal, I and anyone claiming through or on behalf of myself will be forever foreclosed from any claim for damages arising out of or related to the removal of said appliances as aforesaid.

This Release and Wavier is the entire agreement between the undersigned parties. The undersigned, in executing this Release and Waiver, acknowledges that the consideration recited herein is the consideration for the full and final release and waiver contained herein, and that no other understandings or agreements, representations or promises, verbal or otherwise, have been relied upon by the undersigned in executing this Release and Waiver.

PARENT/LEGAL GUARDIAN NAME, SIGNATURE, AND RELATIONSHIP TO THE PATIENT DATE

ORTHODONTIST DATE

WITNESS DATE

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.