

Date: _____

Name: _____

Address: _____

Dear _____;

_____ was last seen on _____. Since then he/she has not been seen in this office. Over the course of _____'s orthodontic treatment there have been an exceptional number of broken appointments and missed months of adjustments. In addition, throughout _____'s orthodontic treatment so far I have not received the cooperation needed to properly continue the treatment.

Therefore, at this time I must inform you that I am withdrawing from any further care of _____. For the next thirty (30) days I will be available for emergency treatment or to remove braces remaining on _____'s teeth. No other treatment will be provided and after that date no further appointments will be offered. If you choose to have _____'s orthodontic treatment continued by another orthodontist, upon request by the orthodontist and with your written consent, I will provide the information needed to continue treatment. Leaving braces on the teeth without proper supervision can have permanently damaging effects on the teeth, gums and supporting bone.

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.

Release From Treatment - Provider