

Orthodontic Treatment Waiver for Non-Compliance with Retainer Instructions

I, Darshit Tarunkumar Shah, hereby acknowledge that I am receiving orthodontic treatment from Dr. Pratik Premjani at Dentistree Dental Clinic. I understand that part of this treatment includes wearing a retainer as instructed by my orthodontist.

I understand the importance of wearing my retainer consistently to maintain the results of my orthodontic treatment. I have been informed by my orthodontist of the potential consequences of not wearing the retainer as prescribed, including but not limited to:

1. Relapse of teeth to their original position
2. Changes in dental alignment
3. Potential need for additional orthodontic treatment

Despite understanding these risks, I acknowledge that I may choose not to comply with the retainer-wearing instructions provided by my orthodontist. I understand that by making this choice, I am assuming the risks associated with non-compliance, and I release Dr. Pratik Premjani, Dentistree Dental Clinic, and any associated staff from any liability for any adverse effects resulting from my decision.

I understand that it is my responsibility to attend follow-up appointments with my orthodontist as scheduled and to communicate any concerns or issues related to my orthodontic treatment.

I have had the opportunity to ask questions and seek clarification regarding the information provided to me, and I am signing this waiver voluntarily.

Patient's Signature: Darshit Shah

Date of Debonding: 18/05/2024

Orthodontist's Signature: _____

Date: 18/05/24