

Informed Consent

Orthodontic Treatment

I understand the course of orthodontic treatment presented to me by my dentist. I realize that there are general treatment considerations, as well as potential problems and hazards associated with such treatment. As with all dental treatment, I understand that there can be no guarantees.

I understand the recommended treatment, and the risks involved. Any alternatives have been explained to me, and the risks of these alternatives. The consequences of doing nothing about my condition have also been discussed. I understand the fee(s) as presented.

Comments:

Patient Signature _____ Date _____

Dr Byers _____