

AUDUBON DENTAL CENTER

Six Month Smile Treatment Result Acceptance

This is a big day for you and your satisfaction is important to us! Before we take final impressions for your retainers, please read and initial the following. Once these impressions are taken there will be no further tooth movement attempted.

- I accept and am satisfied with the position of my teeth. _____
- I understand that the new position of my teeth will require me to wear some type of retention for the rest of my life. _____
- If a night guard/grinding appliance is required, I will comply and wear as instructed. _____

Patient
Name: _____

Signature: _____

Patient Parent/Guardian (required if a minor): _____

Witness: _____

Date: _____