



Orthodontic Debond Consent

Congratulations on finishing your orthodontic treatment! This is an exciting time, and we are all so excited for you. By signing this form, you are authorizing us to remove your orthodontic appliances and confirming that you are completely satisfied with the orthodontic treatment. If you have any concerns, please let us know before appliances are removed.

Today we will remove your braces and take pictures and impressions of your teeth. The impressions are extremely important because we will be making you custom retainers. We will go over all the instructions for retainer wear at your next visit.

It is very important that you come to your next visit to pick up your retainers. You should not go without retainers for more than one (1) week. We all worked so hard to get you a great smile, and the only way to maintain that smile is through proper wear of retainers. Retainer wear is a lifelong commitment, and it all starts with the initial retainer delivery.

We will have the retainers made within a week. It is your responsibility to pick up your retainers on the appointment date we set or else your teeth will shift. If you miss that appointment, Thrive Dental and Orthodontics does not assume responsibility for any shifting of your teeth.

I have read and understand that I need to pick up the custom retainers within a week from when my braces were removed. All questions have been answered and I assume full responsibility for any orthodontic relapse if we miss our retainer pick up appointment and/or do not wear the retainers as recommended by my orthodontist.

It is our mission and honor to help you and your family thrive. Thank you for letting us serve you!

Patient Name: _____ Date: _____

Patient/Guardian Signature: _____