

THRIVE DENTAL AND ORTHODONTICS

REQUEST FOR DISCONTINUATION OF ORTHODONTIC TREATMENT

I, _____ (Patient OR parent/guardian of _____, if patient is a minor) do hereby request the discontinuation of further orthodontic treatment. I authorize Dr. Nathan Coughlin and/or his associates and staff to remove any and all orthodontic appliances.

I further acknowledge that the possible adverse consequences of discontinuing orthodontic treatment at this time have been explained and are fully understood by me, and any questions I have asked have been answered by the treating orthodontist or his team members. Potential harmful conditions which may occur include, but are not limited to, relapses, shifting of the present occlusion (bite), and jaw joint problems.

In consideration of the Doctor's agreement to remove my appliances at my request and such removal, the sufficiency of which is hereby acknowledged, I do hereby, on behalf of (myself) (my child), and all those who may now or in the future have any interest in the care and treatment of (myself) (my child), now and forever release and discharge said Doctor, his/her agents, employees, professional corporation, insurers and assigns from any loss, costs, damages or expenses arising out of the removal of my appliances as aforesaid. I understand that this is a full waiver and release of any and all claims (I) (my child) or anyone claiming through or on behalf of (me) (my child) may now have or may acquire in the future arising out of the removal of (my) (my child's) appliances as aforesaid by said Doctor, his/her agents or employees. I further understand that, by executing this Release and Waiver and said Doctor's agreement to remove my appliances at my request and such removal, (I) (my child) and anyone claiming through or on behalf of (me) (my child) will be forever foreclosed from any claim for damages arising out of or related to the removal of said appliances as aforesaid.

This Release and Waiver is the entire agreement between the undersigned parties. The undersigned, in executing this Release and Waiver, acknowledges that the consideration recited herein is the consideration for the full and final release and waiver contained herein and that no other understandings or agreements, representations, or promises, verbal or otherwise, have been relied upon by the undersigned in executing this Release and Waiver.

I realize there is normally a fee associated with removing my braces/appliances.

Signature (responsible party): _____ Date: _____

Witness: _____ Date: _____

Orthodontist signature: _____ Date: _____

Orthodontist Name: _____ Office location: _____