

Scheele Orthodontics, Inc.
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PRACTICE LIMITED TO ORTHODONTICS

Patient Consent Form

ORTHODONTIC TREATMENT

To keep your treatment on track, please make every effort to keep each appointment. If you need to cancel or reschedule your appointment, we require a 24-hour notice. Please call our office ASAP to let us know if you need to reschedule an appointment as often times our schedule is filled a month in advance. Missed appointments may cause delays in treatment and may be subject to additional charges without a 24-hour notice. We ask that during treatment, you agree to the following rules and regulations. Failure to comply may result in your orthodontic treatment being discontinued.

1. Patient must keep regularly scheduled appointments.
2. Patient must have regular dental check-ups / cleanings with their general dentist every 6 months.
3. All orthodontic recommendations are followed as instructed.

If the patient becomes non-compliant, we reserve the right to remove any and all orthodontic appliances. An additional fee may be charged for this procedure. No money will be refunded for treatment already rendered to date. Prior to discontinuing treatment, we will issue 3 warnings and discuss with the patient and parent that we are having trouble keeping on track with his/her treatment due to non-compliance. Your insurance carrier (if applicable) will be notified as to the decision of this office. The reasons for dismissal of a patient are as follows:

1. Recommended treatment is not carried out or there is a lack of cooperation on the part of the patient/parent.
2. Repeated breakage and careless handling of appliances.
3. Failure to keep teeth and/or appliances clean.
4. Repeated missed appointments that are not cancelled within 24 hours of scheduled appointment time.
5. If treatment is not completed in the recommended treatment time or has not met original treatment goals due to non-compliance.

Patient Name: _____

Parent Name: _____