RETAINERS AND DEBOND CONSENT FORM

Please read the following and ask your clinician if you would like any further information.

Wearing Your Retainers

- Once the braces are removed, the retainers will need to be worn on a **part time basis for life**.
- Your **speech maybe affected** in the short term as you adjust to wearing the retainers and this quickly improves with time.
- If the retainers are **not worn** your teeth will move, therefore it is important to follow the instructions provided by your Clinician.
- If you have not complied with the wearing instructions of the retainers and your teeth move, **re-treatment will be chargeable.**
- **Bring your retainers** to all follow up appointments.
- Remove the retainers for **eating, drinking and sports**.
- You may only drink **plain water** with the retainers in your mouth, otherwise you are at higher risk of decay or damaging the retainers.

Cleaning Instructions

- Brush retainers with a **soft toothbrush and hand soap** once or twice a day.
- A cleaning solution such as "Retainer Brite" can be used occasionally to help with cleaning.
- **Do not use hot water** to clean the retainers as they can melt or become distorted.

Lost or Broken Retainers

- If you have lost your retainers or are unable to wear them for any reason, arrange an **emergency appointment** as soon as possible, this will be chargeable.
- You will have to pay for new retainers if they are **lost/broken/worn out.**

Bonded retainers *This will not apply to all patients.*

- If you have a bonded retainer, this is because your teeth are at **higher risk of moving** than most patients, or you have specifically opted for this type of retainer. It is important to continue wearing your removable retainers in addition as instructed by your Clinician.
- It is important to clean between your teeth with **superfloss or interdental/Tepe brushes**.
- It is your responsibility to attend for regular dental check-ups where your retainer can be checked. **Replacement or repair** of your bonded retainers when they become broken/need replacement will be chargeable.

I consent to the removal (debond) of my orthodontic appliance, attachments or braces, as recommended by my orthodontist, understanding the procedure and potential post-treatment care, and I am happy with the final tooth positions.

Patient Signature: _____

Orthodontist Signature:  J Pindoria

Date: _____