



Patient Complete Treatment Release Form

Instructions: Print all pages after cover.

This optional patient release is to be used for in the instance you recommend Complete treatment, but the patient opts for Minor or Cosmetic instead. This consent:

- Allows a patient to waive full, recommended treatment & acknowledges the consequences of not opting for Complete treatment.

It is ideal to use this form in conjunction with:

- The [My Smile Choice™ Patient Consent Form](#)
- Invisalign® Patient Consent Form, available for free on your Invisalign® Doctor Site (IDS): Log in to IDS > Click the support tab > click the printable forms link > download the Invisalign® Patient Consent Form and save it to your computer.

DISCLAIMER

The author of this document and co-founder of My Smile Choice™ was employed by Align Technology, Inc for 13 years to train Orthodontists how to best integrate Invisalign® into their practice, how to clinically set up cases for ideal finishes, and how to treat patients with Invisalign®, she NOT a doctor. Please note that ALL clinical tips given and any clinical advice is to be taken at your discretion. You are the treating doctor and are responsible for your own protocols and treatments.

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Patient Release

I, _____, have declined my orthodontist's recommendation for the following treatment:

Instead, I would like to opt for **Minor / Cosmetic** (circle one) treatment.

I feel I have been fully informed and encouraged to ask questions. I realize that my declination of Complete orthodontic treatment will result in one or more of the following ways:

- At the completion of orthodontic treatment, my bite (the fit between the upper and lower teeth) might not be fully corrected and my teeth might not be as straight as they could be.
- My teeth might be more prone to return to their former positions after orthodontic treatment is finished than it may have been if I received the complete treatment.
- If the bite is not optimally corrected, the teeth might be more prone to wearing and/or chipping.

Additional Comments:

I agree to hold my orthodontist blameless for any consequences that might arise from declining the recommended treatment noted above.

Patient:

Date:

Orthodontist:

Date:
