



# Treatment Approval

Alvetro Orthodontics takes immense pride in our work, and as such, we want you to be satisfied with the outcome of your child's treatment. At your child's next appointment, their braces will be removed. Now is the time to express any concerns that you may have regarding their teeth.

By signing below, you agree that you are satisfied with the outcome of your child's orthodontic treatment. You understand that their braces will be removed at the next appointment and the active phase of treatment will be ended.

Included in your child's treatment was a 12 month period of retention visits and their initial retainers. Any additional retainers, appliances, repairs or treatment may require additional fees.

Patient name: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_