



Patient Name: _____

Date of Birth: _____

I, _____ hereby authorize Dr. Viney Saini to remove braces, bands, wires or any other orthodontic appliance.

I, _____ do not hold Dr. Viney Saini responsible for my treatment and possible future problems which may arise from incomplete treatment. I acknowledge that Dr. Saini explained all the possible problems due to incomplete treatment.

The signatures hereby affixed to this document release Dr. Viney Saini from any liability regarding occlusion, teeth, gums, oral health, TMJ problems either now or in the future.

Signature

Date

Print Full Name

Relationship to Patient