

Acknowledgement and Release

The undersigned patient and/or patient's parent(s) or guardian(s) (collectively, "Patient") hereby acknowledges that he/she has elected to terminate orthodontic treatment to enter military service. The Patient understands and has been advised by his/her orthodontists (the "Orthodontist") that treatment is not complete. The patient further understands that consequences may result from such early termination such as relapse and other orthodontic and dental health issues, and that Orthodontist cannot state with certainty that no consequences will occur by commencing military service with orthodontic appliances (i.e. retainers). In consideration of the Orthodontist's removal of Patient's orthodontic appliances and acceptance in the military, the Patient hereby releases and discharges Orthodontists, his/her agents, employees, professional corporation, insurers and assigns, from any loss, costs, damages or expenses arising out of his/her early termination of orthodontic treatment and entry in military service. Patient understand that this is a full waiver and release of any and all claims he/she may now have or may acquire in the future arising out of the orthodontic services, advice, diagnosis and treatment provided by Orthodontist. Patient further understands that, by executing this form, anyone claiming through or on behalf of Patient will be forever foreclosed from any claim for damages as set forth above. This form contains the entire agreement between Patient and Orthodontist.

_____	_____	Patient Date
_____	_____	Patient Date
_____	_____	Patient Date