NAME OF DENTAL CLINIC
ORTHODONTIC SECTION

TERMINATION OF ORTHODONTIC TREATMENT

Orthodontic appliances (braces) pose a potential hazard to patients who deploy to regions of the world that do not support orthodontic care. For deployments that are likely to exceed 6 months, the best procedure is to remove the braces and stabilize the teeth with a retainer until your return. Removal of braces will prevent cavities or permanent staining of the teeth from developing around the metal brackets and bands, and will eliminate the potential of damaging tooth movements caused by lingering damage to the braces.

Your orthodontist, Dr. _____, was contacted telephonically on _____ by me, and after discussing the potential hazards of keeping your braces on during your deployment, your orthodontist has decided to:

____ Recommend removal of all appliances and placement of retainers.

____ Recommended stabilization of your braces during your deployment.

____ Your orthodontist could not be contacted.

I request removal of orthodontic appliances and termination of active treatment. I hereby release the US Army from any responsibility for all consequences caused by termination of treatment. I understand that on my return from deployment that the U. S. Army will not reimburse me for any cost incurred in replacement of my braces.

Patient's Signature	**Date**		**Date**
Signature of Witness No. 1	**Date**	**Signature of Witness No. 2**	**Date**

I have been counseled on the potential damage that my braces could cause during my deployment, and I have elected to keep my braces on, against the advice of the supervising military orthodontist. I hereby release the US Army from any responsibility for all consequences caused by the maintenance of my orthodontic appliances during the deployment.

Patient's Signature	**Date**		**Date**
Signature of Witness No. 1	**Date**	**Signature of Witness No. 2**	**Date**

Attachment 1