

CONSENT TO EMERGENCY ORTHODONTIC CARE

I am requesting emergency orthodontic care for _____ at LOA.

I agree to receive emergency orthodontic treatment by Dr. _____.

I agree to be given all necessary emergency orthodontic care including diagnostic and any other treatment deemed necessary.

I have not been given any guarantee about how these examinations and treatment will affect me or my condition.

I acknowledge that I am receiving this care on an emergency basis only and will return in a timely manner to _____ for regular orthodontic care.

Please list any medical conditions for which you are currently under treatment or which may affect our delivery of emergency orthodontic treatment. _____

Date

Patient/Parent/Legal Guardian Signature

Date

Witness