

**Bruce V. Freeman** DDS, DOrtho, MSc

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# Orthodontist

## Completion of Treatment

As of today your active term of supervision in our office is complete. Retention of your orthodontic treatment result is your responsibility. Removable retainers must be worn indefinitely two to three nights per week after a period of full-time and night-wear. Lack of retainer wear or delay of broken retainers will result in relapse of the orthodontic result. Regular appointments with your general dentist must continue. Please discuss the presence/absence of any wisdom teeth with your dentist due to the potential risks of infection, decay/premature loss of adjacent healthy teeth. Fees will be charged for future visits in addition to repair/replacement of retention appliances.

**I have read, understand and accept the above policy and responsibilities with regard to the completion of orthodontic care.**

You will be asked to sign this form when you arrive at the office.  
Thank you again for your co-operation.