



This is an agreement made this day between myself, Dr. Salvatoriello and his staff.

I understand that the success of my treatment is dependent on my cooperation in these four areas:

- 1.) Thorough and frequent brushing and flossing.
- 2.) Avoidance of hard and sticky foods.
- 3.) Wearing of elastics, space maintainers, functional appliances and/or removable retainers if they are prescribed for me.
- 4.) Remembering and keeping my appointments.

If, at any time, I change my mind about this agreement, I promise to tell Dr. Sal and staff about my decision. While this agreement is not a legal document, I realize that I am the only person who can accept responsibility for my orthodontic treatment.

Date: _____

Signature: _____

Witness: _____

Parent/Guardian: _____

Cc: Parent/ Responsible Party
Dentist
File

