

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	

CHILD & ADULT ORTHODONTICS and DENTO-FACIAL ORTHOPEDICS • Treating TMJ Disorders

(603) 643-2170

188 MAIN ST. LI HANOVER, NH 03755 LI NEW LONDON, NH 03257 LI CLAREMONT, NH 03743 (603) 526-4060

246 BROAD ST. (603) 543-0066

Member American Association of Orthodontists

