

Affordablebraces.com
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ACKNOWLEDGEMENT OF INFORMED CONSENT

I hereby acknowledge that the major treatment consideration and potential risks of orthodontic treatment have been presented to me. I have read and understand the orthodontic consent forms, viewed or promise to view the AAO informed consent presentation on our practice website and understand that the problems discussed and or listed may or may not occur during the orthodontic treatment.

Doctor Paul Ouellette has discussed the orthodontic treatment for _____ with me. I, _____, have been asked to make a choice about that treatment.

The doctor and/or staff has presented information to aid in the decision-making process, and I have been given the opportunity to ask the doctor and/or staff members all questions I have about the proposed orthodontic treatment and information contained in this form.

CONSENT TO UNDERGO ORTHODONTIC TREATMENT

I, _____, hereby consent to the taking of diagnostic records, including x-rays before, during, and following orthodontic treatment, and to provide orthodontic treatment for _____.

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

I hereby authorize **Dr. Paul L. Ouellette** to provide other health care providers with information regarding _____ orthodontic care as deemed appropriate by the Orthodontist of Record. I understand that once released, the Orthodontist(s) has no responsibility for any further release by the individual receiving this information.

CONSENT TO USE RECORDS

I hereby give my permission for the use of orthodontic records, including photographs, made in the process of examinations, treatment, and retention for purposes of professional consultations, research, education, or publication consultations, research, education, or publication in professional journals.

SIGNATURES

Signature Date

Witness Date