MARTEL ACADEMY

Orthodontic, Restorative, and Surgical

Implant Release Form

This form serves as a formal agreement between all dentists involved in the treatment of (patient's name). This may involve the restorative dentist, implant surgeon, orthodontist and any other party that may contribute to this patient's dental care. All parties will agree that the completion of orthodontic therapy and the removal of any and all orthodontic hardware will not be removed from the patient without the complete agreement of all parties and all signatures are acquired on this form.

Restorative Dentist:_____ Date:_____

Implant Surgeon:_____Date:_____

Orthodontist:_____Date:_____
__


MARTEL ACADEMY