



Sydney Orthodontists

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DR JAMES CHOI

SPECIALIST ORTHODONTIST

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Provider No. 2142764H / 2142768B*

LOWER CERAMIC BRACES / WAIVER FORM

- This is to confirm that I, _____, am aware of the increased risks to damage to upper teeth from lower ceramic braces.
- I, _____ take full responsibility for any damage incurred, and waive all responsibility.
- If damage does occur, it may require extensive dental treatment. In a worse case scenario, the teeth in question may require removal.

Lower ceramic braces are not recommended due to the increased risks outlined above. Extra payment is required prior placement of lower ceramic braces (see quote provided). These are only placed on lower front six teeth. Only metal wires are used on the lower.

Please contact us if you need further assistance.

This is to confirm that I understand the implications of my decision.

Full Name: _____

Staff Witness: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Cc: Copy for patient records