

CONSENT FOR REMOVAL OF ORTHODONTIC APPLIANCES

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

_____ ENGLISH _____ Spanish Other _____ (Specific Language)

Orthodontic treatment is not routinely in the scope of practice of the Federal Bureau of Prisons' (BOP) Dental Services. Inmates who are in active orthodontic treatment by a private practitioner and enter into BOP custody will have two options:

1. The fixed appliances (brackets, bands, arch-wire, etc.) may remain and serve as a retainer to maintain current tooth position.
2. Alternatively, the patient may request removal of all orthodontic appliances. If the patient opts to have the orthodontic appliances removed, he/she understands and accepts that any progress in orthodontic movement may relapse to a prior state and that the BOP is not responsible for providing orthodontic care to correct any resulting malocclusion.

I _____, Register Number _____, have been fully informed of the potential problems associated with removal of my orthodontic appliances, primarily the possibility of teeth moving back to their original position. The alternative of retaining the existing appliances as passive retainers has been explained to me. I have had the opportunity to ask any questions I may have in connection with the treatment and to discuss any concerns with the dentist. After thorough consideration I request and consent to have my orthodontic appliances removed.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTOOD THIS DOCUMENT

Patient's Signature:

Date:

Witness's Signature:

Date:

Witness's Name:

Dentist's Signature:

Date:

Dentist's Name