Completion of Orthodontics

I, _____, am happy with the orthodontic services I had completed with Dr. Douglas Sanchez, D.M.D. at Infinity Dental. I was given the option for a revision to further my orthodontic treatment, but being that I am satisfied, I request my final retainer on _____.

Clear retainer: ____

Lingual bar: ____

Patient name: _____

Patient signature: _____ date: _____

Witness signature: _____ date: _____

Doctor signature: _____ date: _____