

Patient Agreement

Russell T. Reynolds, D.D.S., M.S
603.898.9773

Whereas, I realize I am lucky enough to have a family that loves me enough and cares about me enough to invest their hard earned money so that I can look better, eat better, talk better and feel better about myself.

I am signing this contract as a promise that I understand all the responsibilities that go along with undergoing orthodontic treatment. No one can care for me, but me. I therefore promise that I will clean my teeth with a toothbrush after every meal. I will never rush through my personal hygiene. I will use super floss once a day and I will not eat hard foods, candy or drink carbonated beverages such as soda. I promise that I will allow my parents to make sure that I am removing all food from around my braces and between the gums and teeth.

Furthermore, I promise to cooperate completely with Dr. Reynolds and his staff by wearing any headgear and/or rubber bands exactly the way I am shown and not skip any hours or days. If asked to wear any other appliances, I will do it! Especially the retainer I must wear after braces, as I know that it is most important. After all, I am grown up enough to realize that I am not doing these things for my parents or for Dr. Reynolds, I am doing it for ME...

Having read all of the above and realizing that Dr. Reynolds and my parents are entering into a contract to help me, I promise to follow through with my contract and make the greatest effort to follow all things explained herein. I realize that the results of my efforts will last me the rest of my life.

Signature of Patient _____ Date _____

Signature of Witness _____ Date _____