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ACKNOWLEDGEMENT AND CONSENT TO REMOVE FIXED RETAINER

Fixed retainers, also known as permanent or bonded retainers, are generally worn after orthodontic treatment to keep your teeth from moving back into their old, incorrect position. They can be worn for an infinite amount of time, or a specific amount of time recommended by the treating dentist. There are, however, reasons that a fixed retainer might need to be removed. They consist of, but are not limited to, the following:

Damage to the Retainer: Like any other dental appliance, a fixed retainer can get damaged. Biting into hard foods, injuries to the mouth or simple wear and tear can cause wires to break or teeth to become unbounded. If your retainer is not in good condition, removal may be recommended.

Buildup of Calculus on Teeth: Because the wires are attached to the back of either the upper or lower teeth with a form of cement, there's a common opportunity for calculus to build up against the surfaces. It can cause damage to your teeth and gums as it hardens.

You've Worn it for a Long Time: Although there's no specific time period for wearing a fixed retainer, it isn't entirely "permanent". At some point, you might feel or be advised that you've worn it long enough, and want to replace it with removable retainers to use at night.

Pain in Your Mouth: If your orthodontic treatment has been successful, you shouldn't experience much residual movement that produces discomfort. If you experience a shift, however, the pressure could cause you to feel ongoing pain.

The most important thing about getting rid of your fixed retainer is that it must be removed by a professional to avoid damaging your teeth and potential injury to your mouth. The cement will be removed with a dental drill and then gently eased away from your teeth.

I understand that my treatment is to be carried out by a general dentist who is not a board certified Orthodontist. I am requesting the removal of my fixed retainer and have been given ample opportunity to ask questions, to my satisfaction, **before the procedure** regarding risks, repercussions and costs associated with the removal and still intend to proceed. I understand that in the event my teeth begin to shift or move as a result of the appliance removal, Dr. Linkous is not responsible. I agree that treatment to correct any movement will be my responsibility and will need to be performed by an Orthodontist. **I hereby give consent for removal.**

Patient/ Guardian Signature: _____

Date: _____

