

# Final Invisalign Inspection Consent Form

I, \_\_\_\_\_ have been informed of the results of oral examination of my mouth after my invisalign treatment. I have been informed by Dr. Mazza of possible need for further treatment to gain better results and alignments via Invisalign such as, Mid-course correction treatment, Refinement treatment, regular braces with Dr. Mazza or an Orthodontist. As I am satisfied with the results, I do refuse any further treatment. I have been informed about risks, benefits, and limitations of my decision.

Patient's Signature: \_\_\_\_\_ Date:

Doctor's Signature: \_\_\_\_\_ Date:

Witness' Signature: \_\_\_\_\_ Date:

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