

Written informed consent

Habbit Breaking Appliance Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the oral habit (tongue thrusting/ thumb sucking/ mouth breathing) and their ill effects on the growth of the jaws and face and the need for an appliance to break the habit.

I have been explained about the procedure in detail including the impression taking, processing of the prosthesis in the lab and fitment of the same later.

Post-operative sequels like discomfort, pain and sensitivity for few days have been explained. If not treated, chances of the improper growth of the jaws and face are also explained.

I hereby agree to undergo the procedure and agree to follow-up with the doctor as per his/her advice.

Date: _____ signature of the patient:

Time: _____ signature of the patient attendant:

Signature of the Doctor with seal: