

Mission:  
To protect, promote & improve the health  
of all people in Florida through integrated  
state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

Vision: To be the Healthiest State in the Nation

## REMOVAL OF ORTHODONTIC APPLIANCES RELEASE

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

This is to certify that I, \_\_\_\_\_ as the \_\_\_\_\_  
Relationship

of \_\_\_\_\_ requests the removal of orthodontic appliances  
Patient's Name

and the termination of treatment. I have been informed that treatment has not been completed and that the Volusia County Health Department Dental Staff recommends the continuation of treatment in order to obtain the best results.

I hereby release the Volusia County health Department and its staff from any responsibility for all consequences caused by's treatment being terminated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness No. 1

\_\_\_\_\_  
Witness No. 2