

JAMES KODAMA D.D.S.
19231 VICTORY BLVD.,#253
RESEDA, CA 91335

Patient's
Name _____

PORCELAIN CROWN RELEASE FORM

I am aware of the possibility of my porcelain crowns fracturing during Orthodontic Treatment.

I am aware that after Orthodontic Treatment, I may need new crown(s).

I am aware that I will need to go to my family dentist to have the crown(s) made.

I am aware that the cost of replacing any of my crowns is a separate fee and not covered under the Orthodontic Treatment fee.

I will not hold Dr. James Kodama responsible for the breaking or replacing of any of my crowns.

X _____ Date: _____
Signature of Patient/Parent or Legal Guardian