

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

INFORMED CONSENT PHASE I ORTHODONTIC TREATMENT

The details for this **first phase** of orthodontic treatment for patient, _____, have been explained to me, _____, patient or parent/legal guardian, by Dr. James Kodama and I have had the opportunity to ask questions.

I understand and agree with this **Phase I** orthodontic treatment. I am aware that this does **not** mean additional braces will be avoided. When all permanent teeth have more completely developed, a second phase (Phase 2) of detailing and finishing the teeth with complete upper and lower braces will be considered.

I am aware that the second phase treatment cost (for detailing and finishing the teeth) is **not** included in the current first phase treatment cost.

I consent to the taking of photographs and x-rays before, during, and after treatment as they are a necessary part of the diagnostic procedure and record keeping. I further give permission for the use of these photographs, x-rays, and records to be used for the purpose of research, education, or publication in professional journals.

Signature of Patient or Parent/Legal Guardian

Date

Signature of Doctor

Date