

Patient Liability Waiver

I _____ [name] understand, acknowledge and agree that the 3-D scan that I am obtaining of my teeth for purposes of receiving a retainer from Retainer Club, Inc. or a mouthguard from Mouthguard Club, Inc. from _____ [Name of Practice] (the "Practice") does not make me a patient of record or constitute orthodontic and/or dental patient services from the Practice. I hereby waive the Practice from any and all liability related to my oral healthcare. If I am interested in becoming a patient of record or otherwise am interested in seeking orthodontic or dental treatment from the Practice then it is incumbent upon me to make such a request of the Practice and conform with their onboarding procedures.

Acknowledged:

[Patient Name]