

Orthodontist's Name \_\_\_\_\_

Patient's Name \_\_\_\_\_

The Edward H. Angle Society is dedicated to furthering orthodontic knowledge and maintaining the highest standards of orthodontic care. As part of our education program, your treatment records may be displayed for the benefit of the members of The Angle Society. We are asking your permission for the display of your records. Please know that you have a right to refuse permission. Please sign and date below.

Sincerely,

I give my permission for the use of my orthodontic records for the above purposes.

\_\_\_\_\_  
Patient, parent or legal guardian's signature

\_\_\_\_\_  
Date