Preamble

It is common for young people to commence military service while undergoing active orthodontic treatment. This can present issues for the patient/recruit and the orthodontist. The purpose of this policy and form is to provide necessary information to and protect all parties concerned.

The patient/recruit will fall into one of two categories, depending on the status of the patient’s orthodontic treatment and dental health. In some instances, the patient will not be jeopardized by beginning military service where, for example, the treatment has only recently begun or is close to completion and the service entry date and treatment completion date can coincide. In other cases, however, the patient’s orthodontic treatment and dental health may be affected by entering the service and terminating orthodontic treatment. This is particularly the case where the treatment is well underway, extractions or surgery are involved, etc. Terminating orthodontic treatment at this stage contains risks for the patient because consequences such as relapse and other dental problems may result.

In such cases, the patient may elect to commence military service and assume the related risks. While this decision is ultimately the patient’s, it should be made only after due consideration of all facts obtained from the orthodontist concerning the consequences of terminating the orthodontic treatment and facts from the recruiter concerning the obligations and responsibilities of the military concerning dental care in the military. If the patient elects to cease orthodontic treatment and enter the military, the orthodontist may prescribe retainers or other follow up care as permitted by Department of Defense policy E1.3.4. This policy provides:

"Orthodontic Appliances for Continued Treatment (V53.4), Attached or Removable. Retainer appliances are permissible, if all active orthodontic treatment has been satisfactorily completed."

BRACES IN THE MILITARY

Orthodontists treating patients who have recently enlisted in the armed services may be requested to remove the patients’ orthodontic appliances. In some instances, the military recruiters may demand that orthodontists sign a document stating treatment is complete. To assist AAO members, the Council on Governmental Affairs (COGA) lodged a complaint with the Department of Defense in July 2002.

COGA worked with Sen. Jack Reed (D-RI) to communicate its concerns to the Department of Defense. In October 2002, the AAO received a response from Mr. Abell. The letter states that the Department of Defense does not recommend that orthodontists “sign releases for recruits who are eager to enter military service.” Further, Mr. Abell stated that the Department of Defense does not request orthodontists to prematurely end treatment or remove orthodontic appliances from applicants prior to completion of projected treatment. This letter is attached.

In order to protect AAO members who may be requested to sign a questionable document from a military recruitment office, the AAO has prepared the following release form. It is the AAO’s opinion that if there is any question raised by the recruitment office, the letter from Mr. Abell and the AAO-prepared release form will suffice to protect the orthodontist. These documents will also show the recruiter that the Department of Defense should not encourage the early termination of treatment.

This information is not intended to serve as legal advice. It is designed to provide you with a summary of some of the practical and legal issues that arise as to the topic presented. Each case is different. You should consult with a licensed attorney in your state who is knowledgeable of the topic prior to acting on the information provided in this summary. If you need any assistance in locating an attorney, contact AAO’s General Counsel.
Because the decision to terminate treatment is the patient’s, the orthodontist cannot be held responsible for the results of that election. Neither can the orthodontist certify that treatment is complete when, in fact, it is not.

To accommodate the interests of all parties, the following form has been developed by the American Association of Orthodontists for those cases where orthodontic treatment is prematurely terminated.

**Acknowledgement and Release**
The undersigned patient and/or patient’s parent(s) or guardian(s) (collectively, “Patient”) hereby acknowledges that he/she has elected to terminate orthodontic treatment to enter military service. The Patient understands and has been advised by his/her orthodontist (the “Orthodontist”) that treatment is not complete. The patient further understands that consequences may result from such early termination such as relapse and other orthodontic and dental health issues, and that Orthodontist cannot state with certainty that no consequences will occur by commencing military service with orthodontic appliances (i.e., retainers). In consideration of the Orthodontist’s removal of Patient’s orthodontic appliances and acceptance in the military, the Patient hereby releases and discharges Orthodontist, his/her agents, employees, professional corporation, insurers and assigns, from any loss, costs, damages or expenses arising out of his/her early termination of orthodontic treatment and entry in military service. Patient understands that this is a full waiver and release of any and all claims he/she may now have or may acquire in the future arising out of the orthodontic services, advice, diagnoses and treatment provided by Orthodontist. Patient further understands that, by executing this form, anyone claiming through or on behalf of Patient will be forever foreclosed from any claim for damages as set forth above.

This form contains the entire agreement between Patient and Orthodontist.

_________________________________________ ____________________________
Patient                                             Date

_________________________________________ ____________________________
Patient                                             Date

_________________________________________ ____________________________
Patient                                             Date