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Patient Compliance Concern:

Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_(first & last)

Doctor's Name: \_\_\_\_\_(first & last)

Case Start Date: \_\_\_\_\_ Date of Last Appointment: \_\_\_\_\_

**COMPLIANCE CONCERN**

Appointment Attendance

- Acceptable
- Unacceptable

Oral Hygiene

- Acceptable
- Unacceptable

Treatment Compliance (breakage, headgear, etc.)

- Acceptable
- Unacceptable

If any of the above is unacceptable, SCL staff will follow up immediately with the patient's family. Please alert us promptly if the issue continues after follow-up. De-banding and removal from the SCL program may result if the child's compliance does not improve.

Additional Comments: \_\_\_\_\_  
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