



GOALS & EXPECTATIONS

Patient Name (Please print) _____

PATIENT PORTION:

What problems or difficulties caused you to seek orthodontic treatment at this time?

What do you hope to accomplish through orthodontic treatment? Goals/Expectations:

Patient/Parent Signature: _____

DR. MCCARTHY'S PORTION:

We have discussed the above goals and expectations and have incorporated them into the treatment plan. We have also agreed to address the following:

Dr. McCarthy's Signature: _____

Changes/Additions to Treatment Plan (if needed):

Patient/Parent Signature: _____ Date: _____

Dr. McCarthy's Signature: _____ Date: _____