ABOUT YOUR ORTHODONTIC TREATMENT

You are starting a period of orthodontic treatment that is unlike any medical or dental treatment you have experienced. Orthodontic treatment is unique and your results will depend highly on you. Before we begin treatment, we want to be sure you understand the basic requirements necessary to achieve the best possible results.

HYGIENE: During treatment it is extremely important that you keep your teeth absolutely spotless. Poor oral hygiene will result in decalcification spots, cavities, bad breath, and swollen, bleeding gums. We highly recommend the Oral B Braun electric toothbrush, Colgate PhosFlur fluoride rinse and Superfloss. You can enjoy a tremendous discount on these products from our office because we want to promote excellent oral hygiene habits and because treatment time can be reduced significantly with more optimal results.

IT IS IMPORTANT TO CONTINUE TO VISIT YOUR GENERAL DENTIST AND HYGIENIST DURING ORTHODONTIC TREATMENT. WE HIGHLY RECOMMEND PROFESSIONAL CLEANINGS WITH YOUR HYGIENIST EVERY THREE MONTHS AND EXAMS EVERY SIX MONTHS WITH YOUR GENERAL DENTIST.

Patient or Parent, Co-Signer, Guardian of Patient Initials: _____

BREAKAGE: Avoid any food that is hard, crunchy, sticky, or chewy. These foods may break brackets, loosen bands or damage wires. Limit the size of your bites, as well as how hard you bite down. Broken appliances will result in longer treatment time and added costs. Insurance does not cover breakage. Please call our office to change your appointment as soon as you notice any breakage. Repairs will not be done at your adjustment appointment.

APPOINTMENTS: You will be seeing us every 4-8 weeks depending on your specific treatment plan. It is unavoidable that someschool or work will be missed. In order to be fair to everyone please:

1. Try not to change appointments. If you must, please give 48-hour notice to avoid a $35 charge per half hour scheduled.
2. We allow a 10 minute grace period. If you are later than that, your appointment will need to be rescheduled. Habitual tardiness or cancellation is not acceptable.
3. All long appointments are done only in the morning. This includes repairs. Afternoons are for adjustments and short procedures only. Our goal is to accommodate as many families as possible in the afternoon hours. In fairness to all of our student patients, you will have to alternate your appointment times from early to late afternoon.
4. A PARENT OR LEGAL GUARDIAN MUST ACCOMPANY PATIENTS UNDER THE AGE OF 18.
5. If you have to cancel or no show for an appointment, the next available appointment may not be for several weeks because all of our patients schedule their appointments before they leave the office.
6. One of the orthodontic assistants will update you on each visit's treatment and oral hygiene status.

DISCOMFORT: Your braces may irritate your lips, cheeks, gums or tongue. We will provide you with wax and show you how to use it. After each adjustment, you may be sore for several days. If needed, an over-the-counter pain medication is best.

ELASTICS: You may be asked to wear rubber bands some time during your treatment. These must be worn exactly as instructed. Non-compliance will result in prolonged treatment time.

EMERGENCIES: Accidents will happen and occasionally you may need a wire clipped or have something broken. At these times it is extremely important that you call us immediately so we can schedule the appropriate appointment as soon as possible. If our office is closed, please listen to the entire voicemail message as it will direct you to an affiliated office or our after-hours answering service.

CONTRACT TERMS: The professional fee for your orthodontic care is determined by your insurance provider and the doctor's estimated treatment time. Please know treatment may extend beyond this time for various reasons: difficulty of the malocclusion, poor compliance with elastic wear, poor oral hygiene, and excessive failed appointments. Additional MONTHLY fees will apply if and when treatment exceeds the estimated active treatment time on the contract.

We are excited that you are entrusting us with the responsibility of providing orthodontic treatment for you or your child. We will do our best to be deserving of your confidence. If these conditions are acceptable to you, please sign below to acknowledge and confirm your review and acceptance of this information and these conditions.

DATE	*PATIENT NAME*	*OFFICE NAME/ ACCOUNT NUMBER*
DATE	*SIGNATURE OF PATIENT (IF OVER 18 YEARS) OR PARENT, CO-SIGNER, GUARDIAN OF PATIENT*	*PATIENT DATE OF BIRTH*
DATE	*DOCTOR SIGNATURE*	