



Six Month Ortho

ORTHODONTIC PATIENT AGREEMENT AND INFORMED CONSENT

Please read carefully:

Our objective is to straighten your FRONT teeth, usually without bite change, in a reasonable time frame, about 6-8 months. You may have other orthodontic problems which are not addressed such as, but not limited to, molar relationships/posterior cross bite, over jet, facial profile, TMJ problems and midline discrepancies. Full correction in these complex cases can take 2 years or more. Midline deviations are corrected when possible but are difficult. In cases where it is severely deviated or space does not exist, we may not be able to correct it.

Hygiene: BRUSH YOUR TEETH, GUMS ESPECIALLY, brackets and wires thoroughly after each meal and before going to bed. Poor oral hygiene can result in puffy, bleeding gums and permanent white spots on teeth. INFLAMMATION AND BLEEDING GUMS WILL DELAY YOUR TREATMENT. A 'proxybrush' is the best way to clean around your braces and can be purchased in any grocery store. Use this brush between your teeth at the gumline. We do reserve the right to suspend or delay treatment if your oral hygiene is poor. Keep your teeth and braces clean!

Hard Food: DO NOT EAT hard foods such as popcorn, ice, caramels or hard candy. These foods can break the brackets. CUT UP foods such as meats, apples, carrots, etc. before eating them. We will replace (2) brackets at no charge to you however, each additional bracket replacement will have a charge of \$30.

Cleanings: You should have at least 1 professional cleaning during your orthodontic treatment. If you have an appointment for a cleaning scheduled, keep it!

Appointments: KEEP your adjustment appointments! If you need to pre-medicate for a heart murmur, you must for ALL adjustments. Missed appointments can result in delayed completion. Please notify our office at least 48 hours in advance should you need to reschedule since another patient may need this time slot. There is a fee for all broken appointments or short notice cancellations. There are some visits that are required after your braces are off (retainer checks etc.) These visits are very important; relapse, bite settling and retainer or splint adjustments (or breakage) are just some of the items we wish to monitor in this stage.

Soreness: After the braces are put on, the teeth may be sore for 2-4 weeks. Aspirin, Advil or Aleve may be taken to relieve this. If the soreness prohibits eating even soft food, please phone for an appointment so any necessary adjustments may be made. If the inside of the lips are sore, the wax can be used as a cushion over the braces until the lips become accustomed.

Jaw Joint: There are some patients who will develop popping/clicking or other problems in their jaw joint during or after treatment. This is very rare. Usually orthodontic treatment provides a positive effect on the jaw joint.

Main Objective: I understand that the main objective of my orthodontic treatment is to align my FRONT TEETH for cosmetic reasons. My bite and the relationship of my back teeth will not be changed

significantly. 3-6 months may be required for the bite to settle and be completely comfortable after treatment. Significant changes in lip profile necessitate bone surgery, which I am not seeking. I am aware of these objectives and limitations of short term treatment. I fully understand that my course of treatment may not result in complete orthodontic correction.

Technique: Space will be made by enamel reproximation (Polishing between the teeth). This allows limited tooth movement in the area of the crowding teeth. Rarely sensitivity is possible from this, but it is transient. Alternative treatment options to enamel reproximation for making space include bicuspid extraction, which we only perform in extreme cases of crowding, and expanding the dental arch proven to be unstable in adult patients. We will extract a lower incisor in about 1 out of 10 cases. Upper and lower dental midlines will not be made to coincide. Misshaped and abnormally long teeth will be reshaped as part of treatment. On occasion, bonding may be needed to provide an even appearance of the edges of front teeth whether because of stubborn tooth movement or misshaped teeth. This would be done at an additional cost.

Standard of Straightness: We seek to straighten teeth to very high standards in our 6-month adult cosmetic program of treatment, and Dr. Baker is a leader in the field of cosmetic orthodontics. If, however, numerous custom requests arise which Dr. Baker feels will take an inordinate amount of time or in fact may not even be possible to achieve, we reserve the right to refer you to an orthodontic specialist for conventional, comprehensive orthodontic treatment, without a refund of monies paid. Due to the fact that orthodontics is not an exact science, I acknowledge that Dr. Baker has not and cannot make any guarantees or assurances concerning the outcome of my treatment.

Retention: Teeth have a tendency to rebound to their original position after orthodontic treatment. Very severe problems have a higher tendency to relapse, and the most common type of relapse occurs with twisted teeth. Retainers will be placed immediately to minimize relapse. Full cooperation in wearing these appliances (Full Time for 6 months and at night for 6 months) are essential and part time wear is required for years. Teeth that relapse can usually be moved back with adjustment of the retainers. There is a \$150 fee, per arch, to replace lost retainers. Dr. Baker recommends splinting teeth together with cement behind the teeth which will help prevent relapse, this procedure is guaranteed for 5 years. The front teeth cannot move when the splint is in place. The splint holds them in place. If you show signs of grinding your teeth, you will need to wear a night guard to protect the splint which will be an additional fee of \$450. Dental insurance may cover this appliance.

Moving: If you plan on moving to another state during treatment, it is usually advisable to complete treatment with our office. It would be difficult to change doctors during treatment.

I have been sufficiently informed and have had the opportunity to ask questions and discuss concerns about orthodontic treatment with **Dr. Baker** from whom I intend to receive treatment. I understand that **Dr. Brigham Baker** is not an orthodontic specialist. **Dr. Baker** has learned how to provide Orthodontics from an education center as well as received certification to provide short term orthodontic care after completing the appropriate courses and training. I understand that once I decide to proceed with treatment and sign the consent form, no refunds will be issued, and I will be responsible for all scheduled payments as originally outlined in my payment agreement regardless of the duration of my treatment.

Patient Signature: _____ Date: _____

Doctor Signature: _____