

DR. DANIELLA PHILLIS, DMD, PC

Specialist in Orthodontics

IMPORTANT INFORMATION

Now that we are about to begin the orthodontic treatment there are several points we would like to emphasize.

APPOINTMENTS:

In order to provide the proper care, we must ask that patients be excused from school for certain appointments. It must be understood that a practice which deals exclusively with children cannot possibly see all patients after school. An effort will be made to schedule shorter appointments after school, however, the initial phase of treatment and when changes of appliances are necessary, the appointments will be scheduled on school time. Emergency appointments must also be during school time due to the length of time needed for repair or recementation of the damaged appliance.

Appointments that are habitually late, missed or cancelled will increase the difficulty of the orthodontic problem and will extend the treatment time far beyond the estimated number of months. A 48 hour cancellation notice is expected if you cannot keep your appointment. A charge of \$25 will be made if any appointment is cancelled within this 48 hour window. We will be forced to reschedule appointments if you arrive ten minutes past the scheduled appointment time. Missed appointments will result in a charge of \$25 after your second failed appointment.

DIET AND APPLIANCE DAMAGE:

It is very important for the patient to follow the dietary guidelines we provide. A high sugar content in the diet is one of the primary causes of stain and /or decay on teeth. Even with good brushing and flossing, stains and decay can occur if there is excessive sugar in the diet. All hard or chewy substances such as candy, caramels, taffy, peanuts, popcorn, ice, chewing gum, etc., must be avoided as they may damage or loosen the appliance and thus prolong the treatment time. In the event the appliances are damaged or become loose, the office should be notified as soon as possible. If we are not prepared for the emergency, reappointment to another day may be necessary. A charge of \$25 will be made if loose or broken appliances become a problem.

COOPERATION:

It is, of course, understood that we are to be given every reasonable cooperation on the part of the patient and the parent in following implicitly the instructions given on such matters as the wearing and treatment of the appliances, proper diet, proper brushing of teeth, and the keeping of ALL appointments. The lack of cooperation may easily nullify the most earnest efforts of the orthodontist and will increase the estimated time and cost of treatment.

BRUSHING:

We give the patient special instructions on brushing as the braces tend to trap food. While the braces do not themselves damage the teeth, this trapped food will do damage if it is not properly and thoroughly removed after eating. Permanent stains, gum diseases, or extensive decay may result from poor oral hygiene.

ADDITIONAL APPLIANCES:

We may ask that the patient wear headgear, elastics or a bite plate during treatment. We will not ask that they be worn unless it is absolutely necessary. Success invariably depends on proper use of these appliances. We will instruct the patient how to use them and these instructions should be followed carefully.

DISCONTINUANCE OF TREATMENT:

We are reserving the right to discontinue treatment for lack of cooperation, failure to keep a high standard of oral hygiene or lack of fulfillment of financial arrangements without due notice.

ASK:

We are confident that treatment will be pleasant if instructions are followed and questions asked. We are always interested in explaining any facet of treatment, please ask!

RISKS AND LIMITATIONS OF TREATMENT:

With orthodontic treatment, there are certain limitations and risks. Our ability to achieve our treatment objectives is limited by current technology and knowledge, individual response to the forces and most importantly, patient cooperation. Treatment time is always an estimate and base upon normal tissue response and good patient cooperation. It would be unrealistic to expect perfection; however, we should be able to achieve improvement in both appearance and function if we receive the necessary cooperation.

After the braces have been removed, the teeth have a tendency to return to their original positions. This is called relapse. To counter this tendency, we will place retainers or holding appliances. These will need to be worn all the time for six to eight months after treatment and then at night for several more years. Teeth never become permanently "set" but will move to a position of balance between the various forces such as lip, cheek, tongue, chewing and impacted wisdom teeth. If retainers are worn as instructed, however, we should be able to maintain most of the improvement we achieve.

When teeth are moved, the roots sometimes shorten. This is called root resorption. Root resorption especially effects the upper front teeth. This usually presents no problem for patients who have normal root length, as root loss is minimal and of no practical significance. However, it can be a problem for some patients who have short roots or high susceptibility to this phenomenon. If this appears to be a concern in your treatment, I'll discuss it with you in more detail at consultation.

Braces create food traps and the mouth tends to lose self-cleaning ability. This can only be countered by proper and thorough brushing. Failure to do this can result in gum infection, permanent stains on teeth and decay. We will teach proper brushing and maintain close supervision of our patient's home care. However, if poor home care cannot be corrected, it may be necessary to discontinue treatment. It is also important that you continue to visit your dentist for regular check-ups during orthodontic treatment.

Teeth that have been subjected to trauma, such as deep cavities or fracture, will occasionally become de-vital during the course of orthodontic treatment. If it should occur, the tooth involved can usually be saved with root canal treatment which would be done by your general dentist.

The jaw joints or temporomandibular joint (TMJ) and the muscles associated with the joint may become tender or sore in the course of orthodontic treatment. Other potential jaw joint problems include clicking or popping in the jaw joint, headaches, earaches and not being able to open the mouth widely. Should discomfort in the TMJ's develop in the course of orthodontic treatment, we would want to be informed. Therapy for the jaw joint would be supervised by your general dentist and may prolong orthodontic treatment.

We present the above considerations to you, not to discourage you from orthodontic treatment, but so that you will have a realistic understanding of the limitations, risks and your responsibilities.

Dr. Daniella Phillis, DMD, PC

Signature of Patient

Date

Signature of Parent

Date