ORAL HYGIENE POLICY

Good oral hygiene is important for everyone. It is especially important for patients with braces as braces can trap food, leading to plaque formation. Plaque can form not only on your teeth but also on your braces. Clean braces are bright and shiny. Dirty braces are covered with a white, milky film of bacteria—this is plaque!

Plaque is a mixture of food debris and bacteria. It starts out soft and filmy but can become hardened, causing bad breath, dental decay, red and swollen gums that bleed when you brush or floss, and eventually gum disease.

Luckily, before it hardens, plaque is easy to remove with proper brushing, flossing, and fluoride rinses—and regular visits to your family dentist.

It may seem that brushing and flossing with braces is difficult—it isn’t really, but it does take a little more time and a little extra care. The reward is not only clean teeth and fresh breath—there is also a chance that it may shorten the time you have to wear braces and reduce the risk of white spots on your teeth when the brackets come off.

Remember these essentials:

- Brush a minimum of four times per day—at least after breakfast, after lunch, after dinner, and before you go to bed.
- Brush first with water, then brush again with a small amount of toothpaste.
- Use a proxy-brush to clean under the wires.
- Flossing of teeth is required using floss threaders or super floss.
- A Water-Pik or alternative brand may be a great alternative to the proxy-brushes to help clean interproximal areas of the teeth and may help with compliance.

Regular Dental Visits

Although you may be used to visiting the dentist every six months, during orthodontic treatment, you should visit your regular dentist at least every six months to be sure that you are maintaining proper dental hygiene and so that any plaque is removed before it can become a problem. We recommend the patient receive Fluoride treatments during these visits.

I UNDERSTAND AND AGREE TO THE ORAL HYGIENE POLICIES AND UNDERSTAND THAT MY TREATMENT MAY BE TERMINATED WITHOUT REFUND FOR FAILURE TO MAINTAIN ORAL HYGIENE AS SET FORTH ABOVE. IN SOME CASES, THE ORTHODONTIST MAY DECIDE IT IS IN THE BEST INTEREST OF THE PATIENT TO TERMINATE ORTHODONTIC TREATMENT DUE TO POOR HYGIENE TO PROTECT THE PATIENT’S TEETH. IN THESE CASES, PAYMENTS MADE IN ADVANCE WILL NOT BE REFUNDED, BUT CAN BE USED IF ORTHODONTIC TREATMENT IS RESTARTED.

ORTHODONTIC CARE POLICY

A lot of work and effort has gone into the construction and placement of your orthodontic appliances. We encourage you to take care of your braces by keeping them clean and being careful with the types of foods you put in your mouth. Breakage of your braces results in extra appointments (usually during school or work hours) for repairs and will lengthen the total time of your treatment. The following tips will help you choose foods that are easy to eat with braces and avoid foods and behaviors that can damage them or hurt your mouth:

WATCH OUT FOR HARD FOODS:

- Hard foods may cause damage by bending the wires, loosening the cement under the bands or breaking the brackets that are bonded to the teeth. Some examples of those foods are listed below along with the ways that they may be eaten:
  - Carrots or celery: Grate, cook or cut into thin pieces
  - Apples: Cut into bite size pieces
  - French Bread, Hard Rolls, Bagels: Avoid hard crusts
  - Corn on the Cob, Chicken, Ribs: Cut off cob or bone.
- Do Not Eat...
  - Nuts, Hard Pretzels, Hard Pizza Crust, Hard Chips, etc.
- Use Caution When Eating...
  - Popcorn (Generally, the top half but not the bottom half of the popcorn bag or bowl is ok)
- Never chew ICE CUBES, pencils, or anything not edible
- WATCH OUT FOR STICKY FOODS
- LIMIT FOODS WITH HIGH SUGAR CONTENT
  - FOODS HIGH IN SUGAR CONTENT should be limited. The bacteria (germs) that cause tooth decay, decalcification and gum disease need sugary food on your teeth in order to live.
  - Brush your teeth immediately after each meal since most of the damage occurs within the first half hour after eating.

TROUBLE SHOOTING

- POKING WIRE OR BAND
  - Use the wax we have provided to cover the irritating part and call the office for an immediate appointment.
• LOOSE BAND OR BRACKET
  o Do not wait until your next scheduled appointment, but call us immediately, even if you have an appointment the same day, so we can set aside the necessary time for the repair.

• BROKEN WIRES
  o If it is a small tie wire, you may remove it and call the office.
  o If it is the main arch wire (which connects all the teeth), try to move it so it is comfortable and phone the office for an appointment.

• DISCOMFORT
  o When pressure is applied to the teeth, you may feel some tenderness which usually persists for 2-3 days. The intensity and duration of the discomfort will vary with each patient. If you feel an unusual amount of pain or discomfort, please call the office immediately. For after-hours emergencies, a recorded message will tell you how to reach an orthodontist. If no one is reachable, please call your general dentist for emergency treatment.

BROKEN BRACKET POLICY

Everyone has dental “accidents.” We understand that brackets can come off or detach. We will replace lost, broken, or detached brackets up to five (5) times without charge. For every lost or detached bracket after the first six (6) episodes, you will be charged a fee of $25 for each bracket that needs to be replaced, repaired, or re-cemented. This fee is due at the time of service.

TERMINATION POLICY

Early Termination Fee

• If your treatment is terminated early for any reason at any time, we will offer to remove your braces for a flat fee of $300 (the “Early Removal Fee”). We offer this service at any stage of treatment, even if there is an outstanding balance due on your account. The Early Removal Fee offsets the cost to us to remove all appliances, remove all bonding agents from your teeth, and take the necessary pictures and x-rays to document your treatment properly. The Early Removal Fee will be credited to your Early Termination fee, and any remaining account balance will be billed and collected from the patient and/or responsible party. Please be assured, an outstanding account balance will not prevent your braces from being removed for the $300 flat fee if you request that we do so.

• The anticipated number of months for your orthodontic treatment will be assessed by us when you begin. The practice invests a considerable amount of time and money to begin your orthodontic treatment. To recoup this high startup cost, when treatment is terminated for ANY reason at ANY time prior to the expected completion date of your treatment, in addition to charging you a prorated amount for the treatment you have already received, we charge an “Early Termination Fee” of One Thousand Dollars ($1,000.00); provided that the prorated amount for treatment received and the early termination fee will not exceed the full cost of your treatment plan.

• At the beginning of your treatment, you are assessed a Records Fee of $325.00. The Records Fee is nonrefundable and is not considered part of the prorated amount charged for treatment received.

• If your treatment is covered fully or in part by insurance, upon early termination we will bill your insurance, depending on how frequently your insurance carrier allows billing, as follows:
  o Monthly: the last month’s services will be billed and collected.
  o Quarterly: the last quarter’s services will be billed and collected.
  o Annually: the annual amount will be billed and the pro-rated amount for services not rendered due to termination will be returned to the insurance company it will not be refunded to you individually.
  o In full in advance: the pro-rated amount for services not rendered due to termination will be returned to the insurance company it will not be refunded to you individually.

Termination of Treatment for Non-Payment

• If you miss a scheduled monthly payment, we will send you notice by certified mail, and you will be required to bring your balance current by making payment before YOUR next scheduled payment is due.

• If you miss a second scheduled monthly payment, we will send you a demand via certified mail that you bring your account current by paying all outstanding balances immediately.

• If you do not bring your account current, or make special payment arrangements agreed to by our manager in writing, we will terminate your treatment for non-payment.

• If we terminate your treatment for non-payment, we will (1) cancel any payment plan you are under; (2) bill your insurance for any outstanding balance, if applicable; (3) Remove your braces at your request for the $300 Early Removal Fee or transfer your case to a qualified Orthodontist at your request; (4) cancel all future appointments with us; (5) Assess an Early Termination Fee.

Termination of Treatment for Non-Compliance

• Missed Appointments
  o If you miss a scheduled monthly appointment to check your braces, you will be sent a letter reminding you to reschedule immediately.
  o If you miss a second consecutive scheduled monthly appointment, you will be sent a letter reminding you to reschedule immediately.
• If you do not respond by scheduling and attending an appointment within 30 days of the date of the second letter, we will terminate your treatment for non-compliance. An Early Termination Fee will be assessed.

Failure to Schedule Appointments
• If you have not scheduled a monthly appointment, you will be sent a letter reminding you to schedule an appointment.
• If you do not respond to this letter within 30 days of the date of the letter by scheduling an appointment, we will send you a certified letter reminding you to schedule an appointment immediately.
• If you have not scheduled an appointment to check your braces within ninety (90) days of your last appointment, we will send you a certified letter terminating your treatment for non-compliance. An Early Termination Fee will be assessed.

Termination of Treatment for Non-Cooperation/Communication Concerns
Orthodontics treatment requires the full cooperation of the patient and/or responsible party with the orthodontist to achieve a successful outcome. If the orthodontist determines that the patient (or responsible party) is unable or unwilling to cooperate with instructions or fails to listen, understand, or comply with treatment instructions or other obligations described in these materials, the orthodontist reserves the right to terminate orthodontics treatment for noncompliance. Termination for noncompliance may be the result of patient behavior, but it may also result from parental failure to supervise a child’s care at home, to attend orthodontic visits with the child, and to ensure that all oral hygiene and other instructions contained in these materials are understood and complied with. The orthodontist reserves the right to terminate at any point without explanation, details, or consultation. An Early Termination Fee will be assessed.

Termination of Treatment for Poor Oral Hygiene
If you do not maintain good oral hygiene, your orthodontist will first show you how you can do a better job. If you are still unable to maintain good oral hygiene, the orthodontist may, in his or her sole discretion, remove your braces and end the treatment for your own health and safety—poor hygiene is especially detrimental to teeth undergoing orthodontic treatment. An Early Termination Fee will be assessed.

Termination of Treatment for Clinical Mistrust
The orthodontist reserves the right to terminate treatment at any point if the patient, responsible party, OR any parent, relative or other person associated with the patient, adopts any posture or uses any language that the orthodontist deems threatening, insulting, discriminatory or offensive towards the orthodontist, staff, and/or practice. Such behavior violates the trust and cordial relationship that is necessary between patient and clinician and will result in termination of the orthodontic treatment plan. An Early Termination Fee will be assessed.

Please note that if your treatment is terminated early, we will not prepare a retainer. If your teeth have undergone orthodontic treatment and you do not have a retainer made or wear your retainer as instructed, your teeth may continue to move in ways you do not anticipate. We are not responsible for such movement.

TERMS OF SERVICE

These Terms of Service constitute a legally binding agreement between the undersigned Patient or Responsible Party and BRACES LLC and incorporate, by reference, the following detailed components which you have separately read and agreed to and which you hereby reaffirm:

• Informed Consent
• Oral Hygiene Policy
• Orthodontic Care Policy
• Termination Policy
• Installment Plan Agreement (if applicable)

Completion of Treatment
You should anticipate that your course of orthodontic treatment will last at least twenty-four (24) months, unless otherwise stated, and our payment plans are therefore designed for this general period of time. Some treatments plans are completed in less time; many take more. No guaranty has been made as to how long your individual course of treatment will last. The anticipated length of your treatment plan is ONLY AN ESTIMATE. If your course of treatment finishes before the estimated date, you agree to pay any outstanding balance due and unpaid on your account before your braces are “de-bonded.” Any charges remaining to be billed to your insurance plan, if applicable, will be billed at this time, too. In some instances, insurance companies may withhold payment if treatment is completed sooner than anticipated. It is our policy to prioritize a desirable clinical outcome for a patient above an insurance company’s payment restrictions. In the event that treatment is complete sooner than anticipated, we will de-bond, charge the retainer fee, deliver retainers, and finish the case. Any balances not covered by your insurance will be your sole responsibility.

We File Insurance as aCourtesy
All orthodontic services and other dental services we may provide incidental to your course of treatment are the responsibility of the patient (or his/her parent/guardian). You agree to pay in full for any amount, or all, of these services in the event that no third party (such as your insurance carrier) agrees to pay for them. If we are “in-network” with your insurance carrier, we will file your insurance claim for you and collect payment as a courtesy to you. You are always 100% responsible for all balances for services.

Insurance Verification and Estimation
We attempt to verify your insurance coverage as a courtesy to you, and we make estimations of your expected cost based on this information. Sometimes insurance estimates are not accurate (for example, without limitation, sometimes insurance cannot be verified in advance, information provided may be incorrect, or an insurance
carrier may later refuse to honor your insurance claim). You agree that we are not responsible for your insurance company’s failure to pay any claim, and you remain responsible for all charges that are not paid by insurance, whether or not you expected that they would be covered, and whether or not such expectation resulted from information you received from us.

Insurance

Before presenting a payment plan, we estimate the portion that your insurance will pay. Once treatment starts, we will bill your insurance carrier if you wish. Please note that, even if an insurance plan “covers” braces, insurance companies often pay only a portion of orthodontic treatment. Sometimes this portion is less than 50% of treatment costs. You insurance may pay monthly, quarterly, annually, and/or when the case is finished. It may not always pay for all treatment that is required for a successful outcome or to achieve your desired result. If they don’t pay the full amount we estimate after verifying your benefits, you are responsible for the balance. Certain times treatment finishes early so insurance limits its payments and you are responsible for the balance. If there are services that you receive and for which, FOR ANY REASON AT ALL, your insurance company does not pay, you agree to be responsible for and to pay these fees. This includes, without limitation, D0330 – Panoramic x-ray, D0340 – Ceph x-ray; D0150 – Comprehensive exam; any applicable appliances and; additional treatment such as extractions, repairs, instruments (head gear), etc.

Refunds

Refunds and/or credits will be applied to you via check only.

We audit a patient’s account as soon as his or her treatment is completed. This audit takes at least fourteen (14) days to complete before we can issue a credit for any overpayment. Credits then take approximately 14 days to be issued via check. You agree to maintain sufficient credit or funds on your account so that any payments you have agreed we may charge to that card are accepted by the issuer for payment. If any charge is refused, you agree to pay a NSF fee of $35 for each time a charge is refused. Refunds will take longer in the event that the treatment is terminated prior to completion as set forth elsewhere herein.

No Cash or Checks accepted

The ONLY form of payment that we accept directly from patients for orthodontic treatment is payment by ACH withdrawn from a bank account through OrthoBanc. By automating our billing and charging your account on a monthly basis, we are able to pass significant cost savings on to you. Cash and Debit/Credit cards will be accepted for Full Payment, Records Fee, and Retainer Fee within the office. You cannot use them for monthly Treatment Fees UNLESS you are paying a past due balance within the office that is due immediately.

No Refunds

We do not offer refunds for any reason on orthodontic services. If treatment is discontinued for ANY REASON, including, without limitation, poor patient hygiene, nonpayment, patient moving house or changing jobs or schools, or for any other reason at all, you are nonetheless responsible for the full contracted amount of your treatment.

Brackets

We understand that brackets can come off or detach. For every lost/detached bracket after the first five (5) episodes you may be charged $25.00 for each bracket that needs to be repaired, replaced, or re-cemented.

Missed Appointments

Orthodontic care requires careful and efficient scheduling. Appointment times are at a premium, especially those after school/work hours. You agree that we may not be able to accommodate your desired appointment times and that you may need to take time away from work or school to meet an appointment, especially, but not only, in emergency situations. You agree to pay a fee of $25.00 for each appointment that you miss without providing at least twenty-four (24) hours prior notice of cancellation. If you miss two (2) consecutive scheduled visits without notice, your orthodontic care may be terminated (please see Termination for Non-Compliance in the relevant incorporated schedule).

Miscellaneous

These terms of service are to be interpreted according to the laws of Georgia. These Terms of Service are agreed to and entered into in Henry County, Georgia. The parties consent to the personal jurisdiction of any court of competent jurisdiction in Henry County, Georgia, waive any defense that such venue is an inconvenience for which they may claim no right to trial by jury in connection with these terms of service and the dental and orthodontic services contemplated herein. These Terms of Service replace and supersede any and all prior or contemporaneous agreements, written or verbal, as to the subject matter hereof. If any provision of these Terms of Service is deemed by a court of law to be unenforceable, such term shall be severed and these Terms of Service shall remain in full force and effect, notwithstanding such severance.

I agree, for myself, or if I am the patient, or for my child if I am the parent, guardian, or responsible party, to the terms and conditions set forth above. I certify that I have read all of the terms, including those incorporated into the Terms of Service and set out more fully in the materials I have received entitled Informed Consent, Oral Hygiene Policy, Termination Policy, Eating Habits and Orthodontics (including Broken Bracket Policy), and Installment Plan Agreement (if applicable). I have asked questions and received full and satisfactory answers to the extent that there were any terms I did not understand, and that I agree fully and completely to abide by the stated terms. I certify that I am either the patient or the patient’s legal guardian, and that I will personally pay, in full, for any treatment or other services rendered to the patient that are not covered by insurance, including the cost of collection (including attorneys’ fees, court costs, etc.) if the service provider takes legal action to collect any balance that I have not paid promptly as agreed.
Terms and Conditions of Installment Plans

Are there fees associated with paying in installments?

- **There is no interest charged.** The Installment Plan is a **free service** to our customers. Please note, however, that there are fees (described below) for such things as payment extensions, returned checks, or costs of collection if you default and fail to pay the amount you owe. Please note that additional discounts may be offered to customers who pay for services in full, in advance.

- **How much and how often will I be charged?** You will be charged the Installment Amount each month for the Term (e.g., if the Term is twenty-four (24) months, you will be charged twenty-four (24) times). If any part of the Fees remain unpaid after the Term, the Term will be deemed extended, and you will be charged one additional payment during the following month for the entire outstanding balance. This additional payment is also deemed an “Installment Payment” for the purposes of this Installment Agreement. The first Installment Payment will be processed the day you sign this agreement. Future Installment Payments are processed on 5th, 12th, 19th, and 26th only – unless specified in your contract.

- **Can I make an Installment Payment by another method instead of you charging my credit card in a particular month?** Yes. You may make additional payments at any time by contacting our office. The monthly payment amount will stay the same until the full balance is paid.

- **Can I pay additional amounts towards the Fees so that I can pay off the amount I owe sooner?** Yes. You may make additional payments at any time by contacting our office. The monthly payment amount will stay the same until the full balance is paid.

- **What if I need to change my payment method?** If you need to change the credit card on file, you must come into the office before your next Due Date to update your credit card information and sign a new authorization.

- **What if I need to change my personal information?** If you need to change your personal information on this Installment Agreement, such as telephone number, email address, physical address, or credit card billing address, it is your responsibility to contact our office with the information change. If we are unable to contact you due to outdated contact information in your Installment Agreement on file, we will be unable to alert you if we have difficulties with your payment account and this Installment Agreement may be cancelled. Please remember that a change as simple as your billing address can affect the success of your payments.

- **Governing law.** This Installment Agreement shall be governed by the laws of the State of Georgia. The parties consent to personal jurisdiction in Henry County, Georgia in connection with any claim, cause of action, or other dispute in connection with this Installment Agreement and agree to, and hereby waive any objection to, Henry County, GA as a proper and convenient venue in which to bring any such claims. If any provision of these Terms of Service is deemed by a court of law to be unenforceable, such term shall be severed and these Terms of Service shall remain in full force and effect, notwithstanding such severance.

---

**Signature of Patient or Responsible Party**

Name: ____________________________  Relationship to Patient: ____________________________

Date: ____________________________
INSTALLMENT PLAN AGREEMENT

_______________________________________ referenced as “Responsible Party”

_______________________________________ referenced as “Patient”

The fees for my orthodontic treatment are calculated as follows:

1) Records Fee - $325

2) Treatment Fee – ONLY THIS PORTION IS ELIGIBLE FOR THE INSTALLMENT PLAN AGREEMENT. See below.

3) Insurance Credit – We will deduct the full estimated amount insurance will pay from the Treatment Fee before finalizing the payment plan below.

4) Retainer Fee - $495

Responsible Party agrees to pay the fees for certain orthodontic dental services rendered to Patient by Braces Braces, LLC in the amount presented in your “24 month payment options” document (the “Treatment Fees”) and, in order to pay the Treatment Fees, I request an installment plan (“Installment Plan”) so that I may conveniently pay the Treatment Fees over a period of 24 months (the “Term”) unless earlier terminated as provided herein. NOTE: IF INSURANCE DOES NOT PAY AS ESTIMATED YOU WILL BE RESPONSIBLE FOR THAT BALANCE. I agree that each monthly installment payment will be the amount identified below as the “Installment Payment,” with one final payment, at the conclusion of the Term, of the entire outstanding balance due, if any. I understand that this Installment Plan may be terminated by Braces Braces, LLC in the event that the orthodontic plan in connection with which this Installment Plan was established is terminated by me or Braces Braces, LLC for any reason, and that, at such time, the entire outstanding balance under this Installment Plan shall be immediately due and payable to Braces Braces, LLC. I agree to comply with the terms and conditions set forth in this Installment Agreement.

Even though this plan is offered with ZERO PERCENT INTEREST, because the terms of the plan require more than four (4) payments, the law requires the following “Federal Truth in Lending Disclosure”:

<table>
<thead>
<tr>
<th>ANNUAL PERCENTAGE RATE</th>
<th>FINANCE CHARGE</th>
<th>Amount Financed</th>
<th>Total Payments</th>
<th>Total Sales Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>The cost of your credit as a yearly rate.</td>
<td>The dollar amount the credit will cost you.</td>
<td>The amount of credit provided to you or on your behalf (i.e., sales price minus any down payment).</td>
<td>The amount you will have paid after all payments scheduled.</td>
<td>The total cost of your purchase, including down payment.</td>
</tr>
<tr>
<td>0.00%</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PAYMENT SCHEDULE

<table>
<thead>
<tr>
<th>Total Number of Payments</th>
<th>Installment Amount</th>
<th>Payment Date (each month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ _____________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AUTHORIZATION

Signature of Patient or Responsible Party __________________________ Date __________________________

Name: __________________________ Relationship to Patient: __________________________
INFORMED CONSENT

for the Orthodontic Patient

Risks and Limitations of Orthodontic Treatment

Successful orthodontic treatment is a partnership between the orthodontist and the patient. The doctor and staff are dedicated to achieving the best possible result for each patient. As a general rule, informed and cooperative patients can achieve positive orthodontic results. While recognizing the benefits of a beautiful healthy smile, you should also be aware that, as with all healing arts, orthodontic treatment has limitations and potential risks. These are seldom serious enough to indicate that you should not have treatment; however, all patients should seriously consider the option of no orthodontic treatment at all by accepting their present oral condition. Alternatives to orthodontic treatment vary with the individual’s specific problem, and prosthetic solutions or limited orthodontic treatment may be considerations. You are encouraged to discuss alternatives with the doctor prior to beginning treatment.

Orthodontics and Dentofacial Orthopedics is the dental specialty that includes the diagnosis, prevention, interception and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature orofacial structures.

An orthodontist is a dental specialist who has completed at least two additional years of graduate training in orthodontics at an accredited program after graduation from dental school.
Results of Treatment
Orthodontic treatment usually proceeds as planned, and we intend to do everything possible to achieve the best results for every patient. However, we cannot guarantee that you will be completely satisfied with your results, nor can all complications or consequences be anticipated. The success of treatment depends on your cooperation in keeping appointments, maintaining good oral hygiene, avoiding loose or broken appliances, and following the orthodontist’s instructions carefully.

Length of Treatment
The length of treatment depends on a number of issues, including the severity of the problem, the patient’s growth and the level of patient cooperation. The actual treatment time is usually close to the estimated treatment time, but treatment may be lengthened if, for example, unanticipated growth occurs, or if there are habits affecting the dentofacial structures, if periodontal or other dental problems occur, or if patient cooperation is not adequate. Therefore, changes in the original treatment plan may become necessary. If treatment time is extended beyond the original estimate, additional fees may be assessed.

Discomfort
The mouth is very sensitive so you can expect an adjustment period and some discomfort due to the introduction of orthodontic appliances. Non-prescription pain medication can be used during this adjustment period.

Relapse
Completed orthodontic treatment does not guarantee perfectly straight teeth for the rest of your life. Retainers will be required to keep your teeth in their new positions as a result of your orthodontic treatment. You must wear your retainers as instructed or teeth may shift, in addition to other adverse effects. Regular retainer wear is often necessary for several years following orthodontic treatment. However, changes after that time can occur due to natural causes, including habits such as tongue thrusting, mouth breathing, and growth and maturation that continue throughout life. Later in life, most people will see their teeth shift. Minor irregularities, particularly in the lower front teeth, may have to be accepted. Some changes may require additional orthodontic treatment or, in some cases, surgery. Some situations may require non-removable retainers or other dental appliances made by your family dentist.

Extractions
Some cases will require the removal of deciduous (baby) teeth or permanent teeth. There are additional risks associated with the removal of teeth which you should discuss with your family dentist or oral surgeon prior to the procedure.

Orthognathic Surgery
Some patients have significant skeletal disharmonies which require orthognathic treatment in conjunction with orthodontic (dentofacial) surgery. This may cause occlusion (alignment) to be discontinued prior to completion.

Decalcification and Dental Caries
Excellent oral hygiene is essential during orthodontic treatment as are regular visits to your family dentist. Inadequate or improper hygiene could result in cavities, discolored teeth, periodontal disease and/or decalcification. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances. These problems may be aggravated if the patient has not had the benefit of fluoridated water or its substitute, or if the patient consumes sweetened beverages or foods.

Root Resorption
The roots of some patients’ teeth become shorter (resorption) during orthodontic treatment. It is not known exactly what causes root resorption, nor is it possible to predict which patients will experience it. However, many patients have retained teeth throughout life with severely shortened roots. If resorption is detected during orthodontic treatment, your orthodontist may recommend a pause in treatment or the removal of the appliances prior to the completion of orthodontic treatment.

Nerve Damage
A tooth that has been traumatized by an accident or deep decay may have experienced damage to the nerve of the tooth. Orthodontic tooth movement may, in some cases, aggravate this condition. In some cases, root canal treatment may be necessary. In severe cases, the tooth or teeth may be lost.

Periodontal Disease
Periodontal (gum and bone) disease can develop or worsen during orthodontic treatment due to many factors, but most often due to the lack of adequate oral hygiene. You must have your general dentist, or if indicated, a periodontist monitor your periodontal health during orthodontic treatment every three to six months. If periodontal problems cannot be controlled, orthodontic treatment may have to be discontinued prior to completion.

Injury From Orthodontic Appliances
Activities or foods which could damage, loosen or dislodge orthodontic appliances need to be avoided. Loosened or damaged orthodontic appliances can be inhales or swallowed or could cause other damage to the patient. You should inform your orthodontist of any unusual symptoms or of any loose or broken appliances as soon as they are noticed. Damage to the enamel of a tooth or to a restoration (crown, bonding, veneer, etc.) is possible when orthodontic appliances are removed. This problem may be more likely when aesthetic (clear or tooth colored) appliances have been selected. If damage to a tooth or restoration occurs, restoration of the involved tooth/teeth by your dentist may be necessary.

Headgears
Orthodontic headgears can cause injury to the patient. Injuries can include damage to the face or eyes. In the event of an injury or especially an eye injury, however minor, immediate medical help should be sought. Refrain from wearing headgear in situations where there may be a chance that it could be dislodged or pulled off. Sports activities and games should be avoided while wearing orthodontic headgear.

Temporomandibular (Jaw) Joint Dysfunction
Problems may occur in the jaw joints, i.e., temporomandibular joints (TMJ), causing pain, headaches or ear problems. Many factors can affect the health of the jaw joints, including past trauma (blows to the head or face), arthritis, hereditary tendency to jaw joint problems, excessive tooth grinding or clenching, poorly balanced bite, and many medical conditions. Jaw joint problems may occur with or without orthodontic treatment. Any jaw joint symptoms, including pain, jaw popping or difficulty opening or closing, should be promptly reported to the orthodontist. Treatment by other medical or dental specialists may be necessary.

Impacted, Ankylosed, Unerupted Teeth
Teeth may become impacted (trapped below the bone or gums), ankylosed (fused to the bone) or just fail to erupt. Often times, these conditions occur for no apparent reason and generally cannot be anticipated. Treatment of these conditions depends on the particular circumstance and the overall importance of the involved tooth, and may require extraction, surgical exposure, surgical transplantation or prosthetic replacement.

Occlusal Adjustment
You can expect minimal imperfections in the way your teeth meet following the end of treatment. An occlusal equilibration procedure may be necessary, which is a grinding method used to fine-tune the occlusion. It may also be necessary to remove a small amount of enamel in between the teeth, thereby “flattening” surfaces in order to reduce the possibility of a relapse.

Non-Ideal Results
Due to the wide variation in the size and shape of the teeth, missing teeth, etc., achievement of an ideal result (for example, complete closure of a space) may not be possible. Restorative dental treatment, such as esthetic bonding, crowns or bridges or periodontal therapy, may be indicated. You are encouraged to ask your orthodontist and family dentist about adjunctive care.

Third Molars
As third molars (wisdom teeth) develop, your teeth may change alignment. Your dentist and/or orthodontist should monitor them in order to determine when and if the third molars need to be removed.

Continued on next page

Patient or Parent/Guardian Initials __________
**Allergies**
Occasionally, patients can be allergic to some of the component materials of their orthodontic appliances. This may require a change in treatment plan or discontinuance of treatment prior to completion. Although very uncommon, medical management of dental material allergies may be necessary.

**General Health Problems**
General health problems such as bone, blood or endocrine disorders, and many prescription and non-prescription drugs (including bisphosphonates) can affect your orthodontic treatment. It is imperative that you inform your orthodontist of any changes in your general health status.

**Use of Tobacco Products**
Smoking or chewing tobacco has been shown to increase the risk of gum disease and interferes with healing after surgical procedures. Tobacco users are also more prone to oral cancer, gum recession, and delayed tooth movement during orthodontic treatment. If you use tobacco, you must carefully consider the possibility of a compromised orthodontic result.

**Temporary Anchorage Devices**
Your treatment may include the use of temporary anchorage device(s) (i.e. metal screw or plate attached to the bone.) There are specific risks associated with them.

It is possible that the screw(s) could become loose which would require its/their removal and possibly relocation or replacement with a larger screw. The screw and related material may be accidentally swallowed. If the device cannot be stabilized for an adequate length of time, an alternate treatment plan may be necessary.

It is possible that the tissue around the device could become inflamed or infected, or the soft tissue could grow over the device, which could also require its removal, surgical excision of the tissue and/or the use of antibiotics or antimicrobial rinses.

It is possible that the screws could break (i.e. upon insertion or removal.) If this occurs, the broken piece may be left in your mouth or may be surgically removed. This may require referral to another dental specialist.

When inserting the device(s), it is possible to damage the root of a tooth, a nerve, or to perforate the maxillary sinus. Usually these problems are not significant; however, additional dental or medical treatment may be necessary.

Local anesthetic may be used when these devices are inserted or removed, which also has risks. Please advise the doctor placing the device if you have had any difficulties with dental anesthetics in the past.

If any of the complications mentioned above do occur, a referral may be necessary to your family dentist or another dental or medical specialist for further treatment. Fees for these services are not included in the cost for orthodontic treatment.

**ACKNOWLEDGEMENT**
I hereby acknowledge that I have read and fully understand the treatment considerations and risks presented in this form. I also understand that there may be other problems that occur less frequently than those presented, and that actual results may differ from the anticipated results. I also acknowledge that I have discussed this form with the undersigned orthodontist(s) and have been given the opportunity to ask any questions. I have been asked to make a choice about my treatment. I hereby consent to the treatment proposed and authorize the orthodontist(s) indicated below to provide the treatment. I also authorize the orthodontist(s) to provide my health care information to my other health care providers. I understand that my treatment fee covers only treatment provided by the orthodontist(s), and that treatment provided by other dental or medical professionals is not included in the fee for my orthodontic treatment.

**CONSENT TO USE OF RECORDS**
I hereby give my permission for the use of orthodontic records, including photographs, made in the process of examinations, treatment, and retention for purposes of professional consultations, research, education, or publication in professional journals.

**CONSENT TO UNDERGO ORTHODONTIC TREATMENT**
I hereby consent to the making of diagnostic records, including x-rays, before, during, and following orthodontic treatment, and to the above doctor(s) and, where appropriate, staff providing orthodontic treatment prescribed by the above doctor(s) for the above individual. I fully understand all of the risks associated with the treatment.

**AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION**
I hereby authorize the above doctor(s) to provide other health care providers with information regarding the above individual's orthodontic care as deemed appropriate. I understand that once released, the above doctor(s) and staff have no responsibility for any further release by the individual receiving this information.