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GOALS FOR EACH PATIENT

1. A beautiful, broad, generous smile
2. A nice, well-balanced face
3. An excellent relationship of the teeth and surrounding structure to facilitate harmonious function

ATTAINMENT OF THESE GOALS ARE LIMITED BY

1. Patient cooperation
2. Genetics
3. Existing conditions (e.g. patient's age at the time treatment is started)

FEE AND TREATMENT TIME

1. Fee is based upon *SERVICE PROVIDED* in a reasonable, estimated treatment time.
2. Fee is **NOT** based upon:
 - a. Number of appointments
 - b. Number or type of appliances used
 - c. Whether or not braces are used
3. If treatment in any phase takes longer than it should– due to poor patient cooperation or failed appointments– the total fee may be increased. The doctor or staff member will inform the patient or responsible party of any change in the total fee.
4. The fee is for our orthodontic services only and does not cover any other dental needs provided by another office (e.g. extractions, fillings, x-rays).
5. The total fee does **NOT** cover lost appliances.
6. The total fee does **NOT** cover broken appliances and/or braces due to patient negligence.

UNDERSTANDING POSSIBLE COMPLICATIONS

1. Poor cooperation – total fee is subject to change
2. Poor oral hygiene can cause:
 - a. Periodontal (gum) disease
 - b. Enamel decalcification
3. Root resorption (shortening) – very rare with our methods of treatment
4. Loose braces – we check all bands at each appointment and ask the patient to check all braces each Sunday
5. Non-vital teeth (“dying” or darkening teeth) – VERY, VERY RARE – more commonly due to accidents, not orthodontic treatment
6. “Stripping” of soft tissue (losing gum tissue during treatment) also very rare– if severe, may require gingival graft.

We would like to have a parent or responsible party present at as many appointments as possible. Please ask if you have any questions about fees, patient responsibilities, appointments, or treatment procedures. *You are always welcome in the operatory.*

We receive over 75% of our patients from referrals of satisfied patients or parents. We hope you too, will feel comfortable recommending our office to your friends.

The doctor is a general dentist with post-graduate training in orthodontics. Our practice is limited to general dentistry, orthodontics, and dentofacial orthopedics.

Orthodontic treatment is a major portion of any child's lifetime dental bill. Through orthodontic treatment, they will have teeth that are positioned well for easy cleaning. More importantly, they will know how to care for their teeth, which should decrease future dental expense.

I have read and understand the above. Patient Name: _____

Signature of Patient/Parent or Legal Guardian Date: _____