

JAMES KODAMA D.D.S.
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RESEDA, CA 91335
(818) 344-1393

Patient's
Name _____

RETAINER POLICY

It has been a pleasure working with you to improve your smile. Now that your treatment is finished, there are some very important guidelines for you to follow to maintain and stabilize your teeth in their new position. Failure to abide by these guidelines will result in possible tooth misalignment. It is YOUR RESPONSIBILITY to keep your teeth straight.

WEARING YOUR RETAINER

Following the period of active orthodontic care, retaining appliances will be used to maintain and stabilize the teeth in their new position. The retainers should be worn 24 hours a day for a period of 12 months, to be taken out ONLY for eating and tooth brushing/flossing. Thereafter, long-term wear at home and when sleeping is required to maintain a good result.

POST TREATMENT OFFICE VISITS

During the retention period, it is typical to see a patient on an infrequent basis for retainer adjustments. There is no office visit charge for this service for the first 6 months of the retention phase. After this 6 month period, there is a \$35 office visit fee. There is also a \$75 fee for any additional x-rays taken for further assessment of your case (e.g. to evaluate 3rd molars/wisdom teeth).

BROKEN/LOST ORTHODONTIC APPLIANCES

There is a \$150 fee for any broken or lost retainer. This fee is for single upper OR lower standard retainer. Total fee for upper and lower retainers is \$300. Some specialized appliances have a higher fee.

RE-TREATMENT

If re-treatment is needed due to not wearing your retainer, neglect, accident, or any other cause, it will be considered a new case with a new fee and financial agreement.

AGREEMENT

I have read the retainer policy. I understand and agree to the following:

- I understand that I must wear my retainer 24 hours a day for the first 12 months after my braces are removed.
- I understand that after the first 12 months that I must continue to wear the retainer when I am at home and when I sleep at night, indefinitely.
- I understand that if there is any relapse or undesired misalignment of my teeth due to not wearing my retainer as specifically directed above, and/or neglect, accident, etc., I am responsible for paying for additional orthodontic treatment.
- I understand that if I need an adjustment or other services after the first 6 months of retention there will be a \$35 office visit fee.
- I understand that if my retainer is broken or lost, there will be a replacement fee of \$150 each for upper or lower retainers. The total fee for upper and lower retainers is \$300. I understand that some specialized appliances may have a higher fee.
- I understand that it is my responsibility to replace lost or broken appliances immediately to avoid the movement and misalignment of teeth.

X

Signature of Patient or Parent/Legal Guardian

Date