You & Your Orthodontist

What You Can Expect

What You’ll Need To Do

Potential Risks & Problems

Informed Consent for the Orthodontic Patient

Revised 2004

Dr. Daryl Yorek
106 131st Street South
Phone 253-537-5565
Fax 253-537-1588
Patient's Informed Consent and Treatment Confirmation

This page intended to remain with this booklet.

I acknowledge that I have read and understand the “You and Your Orthodontist” information booklet outlining general treatment considerations and potential problems and hazards of orthodontic treatment. I also understand that there may be potential hazards and problems not described in the booklet. I am able to read, write and comprehend English. I have had the opportunity to discuss treatment considerations, alternative treatments and risks with

_________________________________________ Doctor’s Name

I have asked all questions to clarify any areas I did not understand and I am satisfied with the responses received. I further understand that, like the other healing arts, the practice of orthodontics is not an exact science and, therefore, results cannot be guaranteed. I authorize the above orthodontist and staff of his/her practice to provide orthodontic treatment to

_________________________________________ Patient’s Name

The prescribed treatment was explained to me on _____________________ (Date)

Patient’s Signature ___________________________________ Date ____________

Parent’s Signature ___________________________________ Date ____________
(If required)

Doctor’s Signature ___________________________________ Date ____________

Witness Signature ___________________________________ Date ____________

I also give permission for the use of photographs and records made in the process of examination, treatment and retention to be used for the purposes of research, education, or publication in professional journals.

Patient’s Signature ___________________________________ Date ____________

Parent’s Signature ___________________________________ Date ____________
(If required)
<table>
<thead>
<tr>
<th>Before Treatment Begins</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steps in Formulating a Treatment Plan</td>
<td>3</td>
</tr>
<tr>
<td>General Medical Condition</td>
<td>3</td>
</tr>
<tr>
<td>Orthodontic Examination and Records</td>
<td>3</td>
</tr>
<tr>
<td>Dental Checkups and Care</td>
<td>3</td>
</tr>
<tr>
<td>Planning and Consultation</td>
<td>4</td>
</tr>
<tr>
<td>Changes in Original Treatment Plan</td>
<td>4</td>
</tr>
<tr>
<td>Teeth, Mouth and Jaw Problems</td>
<td>4</td>
</tr>
<tr>
<td>Treatment Option</td>
<td>4</td>
</tr>
<tr>
<td>What Can You Expect During Orthodontic Treatment?</td>
<td>5</td>
</tr>
<tr>
<td>Level of Discomfort</td>
<td>5</td>
</tr>
<tr>
<td>Additional Records and X-rays</td>
<td>5</td>
</tr>
<tr>
<td>Removal of Teeth</td>
<td>5</td>
</tr>
<tr>
<td>Timing of Treatment</td>
<td>6</td>
</tr>
<tr>
<td>Estimated Length of Treatment</td>
<td>6</td>
</tr>
<tr>
<td>Retainers</td>
<td>6</td>
</tr>
<tr>
<td>Facial Growth Pattern</td>
<td>7</td>
</tr>
<tr>
<td>Adverse Growth Pattern (Adverse Jaw Growth)</td>
<td>7</td>
</tr>
<tr>
<td>What Will Be Expected of You During Orthodontic Treatment?</td>
<td>8</td>
</tr>
<tr>
<td>Your Cooperation is Essential</td>
<td>8</td>
</tr>
<tr>
<td>Your First Week in Braces</td>
<td>9</td>
</tr>
<tr>
<td>Food List for Orthodontics</td>
<td>9</td>
</tr>
<tr>
<td>Mouth Drying Pill</td>
<td>10</td>
</tr>
<tr>
<td>Habits</td>
<td>10</td>
</tr>
<tr>
<td>Fluoride</td>
<td>10</td>
</tr>
<tr>
<td>Cavities and Decalcification</td>
<td>11</td>
</tr>
<tr>
<td>Can you Fix it?</td>
<td>11</td>
</tr>
<tr>
<td>Your Herbst Appliance</td>
<td>12</td>
</tr>
<tr>
<td>Swollen Gums and Periodontal Problems</td>
<td>13</td>
</tr>
<tr>
<td>Tooth Reshaping and Equilibration</td>
<td>13</td>
</tr>
<tr>
<td>Root Resorption</td>
<td>13</td>
</tr>
<tr>
<td>Damon Appliance Chart</td>
<td>14</td>
</tr>
<tr>
<td>Loss of Tooth Vitality</td>
<td>15</td>
</tr>
<tr>
<td>Impacted Teeth</td>
<td>15</td>
</tr>
<tr>
<td>Ankylosed Teeth</td>
<td>15</td>
</tr>
<tr>
<td>Injuries from Appliances</td>
<td>15</td>
</tr>
<tr>
<td>Injuries During Treatment Procedures</td>
<td>16</td>
</tr>
<tr>
<td>Jaw Joint Pain and/or Clicking</td>
<td>16</td>
</tr>
<tr>
<td>Tooth Attrition and Enamel Loss</td>
<td>17</td>
</tr>
<tr>
<td>Oral Surgery and Orthognathic Surgery</td>
<td>18</td>
</tr>
<tr>
<td>Image Simulation</td>
<td>18</td>
</tr>
<tr>
<td>Relapse Tendencies</td>
<td>18</td>
</tr>
<tr>
<td>Additional Risk and Benefits</td>
<td>18</td>
</tr>
</tbody>
</table>

Informed Consent and Treatment Confirmation

Doctor's Consent and Confirmation Form | 19 |
Patient's Consent and Confirmation Form | Inside Back Cover |
Before Treatment Begins

This booklet is for patients—and for parents of young patients—who are about to start a course of orthodontic treatment. It will give you an idea of what to expect during treatment, and what will be expected of you. It also points out some risks and limitations that may occur before, during, or after treatment. You will read about the risks that are common to most corrective dentistry, as well as risks that arise only with particular kinds of treatment.

Your orthodontist will develop a treatment plan just for you, involving procedures appropriate for your individual situation and goals. If there are risks or limitations specific to your treatment, your orthodontist will explain them to you.

Orthodontic treatment is not an exact science. Like any treatment of the body, much of its success depends on the understanding and cooperation of patients. Please read this booklet carefully, and ask your orthodontist to explain anything you do not understand. Clarify what is expected of you as a patient, or as a parent of a young patient, to achieve the best results. Keep in mind that with orthodontic treatment, like with other medical and dental procedures, results cannot be guaranteed.

Before treatment begins, you will be asked to sign an informed consent form on your own behalf or on behalf of your child, verifying that you understand the potential risks and limitations of orthodontic treatment.

Doctor's Informed Consent and Treatment Confirmation

Please sign and return this page to the orthodontist.

I acknowledge that I have read and understand the "You and Your Orthodontist" information booklet outlining general treatment considerations and potential problems and hazards of orthodontic treatment. I also understand that there may be potential hazards and problems not described in the booklet. I am able to read, write and comprehend English. I have had the opportunity to discuss treatment considerations, alternative treatments and risks with ____________________________ Doctor's Name

I have asked all questions to clarify any areas I did not understand and I am satisfied with the response(s) received. I further understand that, like the other healing arts, the practice of orthodontics is not an exact science and, therefore, results cannot be guaranteed. I authorize the above orthodontist and staff of his/her practice to provide orthodontic treatment to

______________________________ Patient's Name

The prescribed treatment was explained to me on ___________________ (Date)

Patient's Signature __________________________ Date __________

Parent's Signature __________________________ Date __________
(If required)

Doctor's Signature __________________________ Date __________

Witness Signature __________________________ Date __________

I also give permission for the use of photographs and records made in the process of examination, treatment and retention to be used for the purposes of research, education, or publication in professional journals.

Patient's Signature __________________________ Date __________

Parent's Signature __________________________ Date __________
(If required)
Oral Surgery and Orthognathic Surgery

You may need both orthodontic treatment and corrective jaw surgery to modify the size, shape, or position of your jaw. As with all surgical procedures, the risk of complications and limitations with oral surgery is a possibility. Discuss these risks thoroughly with your oral surgeon if your orthodontist recommends surgery.

Image Simulation

Your orthodontist may use various illustrations and or audio-visual displays to help demonstrate treatment. These representations are not exact. They are demonstrations only and are not intended to illustrate fully and precisely the final outcome of your proposed treatment.

Relapse Tendencies

“Relapse” refers to the movement of the teeth back toward their original positions after your braces have been removed. Teeth can move at any time, whether or not they have undergone orthodontic treatment. The most vulnerable teeth are those in the lower front.

Periodontal disease, new restorations, growth and maturation of the facial bones and muscles that occur with aging, mouth breathing, and harmful tongue or oral habits can cause teeth to move. For these reasons, and many others beyond the control of your orthodontist, it cannot be guaranteed that your teeth will remain in the corrected position for the rest of your life.

Your teeth are less likely to “relapse” toward their original position if you use your retainer properly. If you do not, you may undo much or all of the correction that was attained. If you do not wear your retainer as directed, your orthodontist cannot assume responsibility for undesirable tooth movement. It is important that you keep appointments for retention adjustment as recommended.

Additional Risk and Benefits

For all other dental treatment procedures, such as corrective jaw surgery, removal of teeth, root canal treatment, gum surgery, fillings, crowns, or cosmetic bonding, the doctor performing the procedure(s) will be responsible for discussing related risks and benefits.

Steps in Formulating a Treatment Plan

Orthodontic Examination and Orthodontic Records

The first step in determining your treatment plan is learning as much about your orthodontic condition as possible. This begins with an orthodontic examination, during which your teeth and jaw alignment will be examined. Your orthodontist will then collect a complete set of orthodontic records, which may include plaster models of your teeth, X-rays of your head, teeth, and jaw joints, photographs, and your medical-dental history.

Pre-medication

If you have a pre-existing medical condition that requires pre-medication, the medical/dental health history will be your orthodontist’s only source of information. Be sure you have completed the health questionnaire completely and correctly as well as provided the office with any medical changes. Your orthodontist, in consultation with your physician(s), will recommend medications. It will remain your responsibility to be sure that your medical needs are properly followed.

Allergies

Although uncommon, allergies to medicines and treatment-related materials may occur during orthodontic treatment. Please make your orthodontist aware of known allergies so your orthodontist may take steps to minimize your exposure. If your allergies are unknown to you, then it is impossible to predict any reaction. You may be more prone to an allergic reaction during orthodontic treatment if you are allergic to certain foods or have other allergies. If an allergy occurs during your treatment, then medical management, alternative treatment or discontinuation of treatment may be necessary.

General Medical Condition

General medical conditions including disorders of the bone, hormones, or blood can influence and even prevent successful orthodontic treatment. Inform your orthodontist whenever a change in your medical condition occurs.

Dental Checkups and Care

Before orthodontic treatment begins, it will be necessary to visit your family dentist for a checkup and any necessary dental work. Once orthodontic therapy begins, you will be expected to continue to see your family dentist for regular three- to six-month checkups and routine care. Routine dental care will help ensure the best possible results from your orthodontic therapy.
Planning and Consultation

Your orthodontist will design a treatment plan for you and discuss with you any significant risks or limitations to your treatment. You will have an opportunity to discuss the points raised in this booklet with your orthodontist and he/she will request your informed consent to be signed before implementing the treatment plan.

Changes in Original Treatment Plan

There are some instances when you and your orthodontist may choose to change the treatment plan. Poor patient cooperation, periodontal problems, adverse growth, and changes in the patient's desires may necessitate a change in the goals and direction of treatment. These changes may lengthen your treatment time and incur additional fees. Excellent communication with your orthodontist is essential in understanding your treatment progress and ensuring your desires are met.

Teeth, Mouth and Jaw Problems

You should know about these potential problems before you start orthodontic treatment. Discuss with your orthodontist any potential teeth, mouth or jaw problems before you start orthodontic treatment.

Sometimes, oral surgery to remove teeth is necessary with orthodontic treatment, especially to correct severe tooth crowding of the teeth or jaw imbalances. As part of your new aesthetic and/or functional occlusion, crowns, bonding or veneers may be needed to complete your final bite. These would be done by your general dentist and could incur separate charges.

Treatment Options

In some cases, there are alternate treatment plans with different results. You need to understand the differences. Please ask questions. Your orthodontist will recommend the most suitable treatment he/she feels is best for you and explain the advantages and disadvantages of any treatment options that may meet your needs. Ideal results may be impossible to achieve based on pre-existing conditions.

Orthodontics is most often an elective process. An alternative treatment plan may be a partial treatment with limited treatment results. Another treatment option is to receive no treatment. If you are considering no treatment, ask your orthodontist what the risks are to your teeth and supporting tissues if you choose no treatment.

Some of the most common causes of TM disorders (TMD) are chronic muscle tension associated with clenching or grinding of the teeth, habits such as gum chewing, and stressed jaw posture at work or during sleep. The symptoms may be caused by joint disease such as arthritis or result after a previous trauma, such as a blow to the face or sometimes from a whiplash-type injury. The severity of the symptoms may be affected by tension, mood, and emotional distress. Neck and shoulder muscle tension may be a major contributor by referring pain and tightness to the jaws and face. Severity of symptoms may be exaggerated by faulty function of the pain suppression system at various levels of the nervous system.

In the past, it was believed that an imperfect bite (dental malocclusion) or a malpositioned lower jaw was the cause of TMD problems. However, dental occlusion (how your teeth bite) as a cause of TMD has not been well demonstrated, despite many investigations seeking to test this relationship. "Bite problems" that occur with TMD are most often the result of the problem rather than the cause of the problem.

TM joint disorders are musculoskeletal problems similar to aches and pains in other joints of the body. A TM joint disorder is most often treated as a medical problem and not necessarily a dental problem. Treatment may require specialized care from other health professionals such as TMD specialists, physical therapists, and stress control specialists. These procedures are beyond the scope of the usual orthodontic treatment, and if they are indicated, additional costs may be incurred.

If your TMD symptoms prevent you from wearing elastics, or any other appliance to correct your bite, your orthodontist may recommend an alternate or compromise treatment. Any TMD signs or symptoms should be reported promptly to your orthodontist.

Tooth Attrition and Enamel Loss

The biting surfaces of adult teeth are frequently worn down by tooth grinding or jaw clenching behavior. Tooth interferences during jaw movements can also contribute to tooth wear. As your teeth move during orthodontic treatment, your bite will steadily change and new interferences may arise.

Minimizing enamel loss is not easy. It is difficult for orthodontists alone to establish a bite completely free from interference during jaw movement. Psychological stress or conditioned habits may be the cause of grinding or clenching. The biting surface of the teeth may need reshaping by special dental procedures. In some cases, an appliance to control the rate of enamel wear may become a consideration. Such procedures are beyond the scope of usual orthodontic treatment. If such a protective appliance is considered to be necessary then additional fees may be charged.
Orthodontic therapy uses appliances to apply pressure to move the teeth. When braces are placed, or when adjustments are made, your teeth and gums may feel tender initially. The amount of discomfort varies from patient to patient, but usually does not last for more than two or three days.

**Temporary Anchorage Devices**

**What Can You Expect During Orthodontic Treatment?**

**Level of Discomfort**
Orthodontic therapy uses appliances to apply pressure to move the teeth. When braces are placed, or when adjustments are made, your teeth and gums may feel tender initially. The amount of discomfort varies from patient to patient, but usually does not last for more than two or three days.

**Additional Records and X-rays**
X-rays may be needed to monitor the progress of your treatment. In addition, after your braces are removed, your orthodontist may recommend a final set of records. These may include X-rays, plaster models, and photographs. The new records will be used to plan your retention program, to check for tooth decay, and to determine the position and/or absence of your wisdom teeth. These records will also be used to gauge what changes might occur in the future due to tooth movement or growth.

**Removal of Teeth**
As part of the orthodontic treatment, teeth may need to be removed. Your orthodontist will recommend removal of one or more teeth if it improves your prospects for a pleasing result.

Missing teeth, on the other hand, can make therapy more difficult. In such cases, treatment compromises may be necessary and an ideal result may be impossible to achieve.

**Temporary Anchorage Devices**
Your treatment may include the use of a 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.
Estimated Length of Treatment

In Phase II “comprehensive treatment” full braces are used to adjust the position of your permanent teeth to develop a proper bite and enhance facial esthetics. This phase can start before or after you have lost all your baby teeth, and is usually necessary after Phase I interceptive treatment.

Your orthodontist may have estimated the length of treatment based upon the complexity of your orthodontic treatment, timing of treatment, growth estimates, and his/her experience treating similar cases. It is only an estimate.

Length of treatment time can be shortened or lengthened by patient cooperation, favorable or adverse growth, general medical and dental health, and the need for additional care by other health professionals.

Retainers

When your braces are removed, you will wear a retaining appliance to “hold” your teeth in position. Retainers are just as important as braces in the treatment plan. There are different types of retainers. Your orthodontist will recommend the right one for you.
Minor changes in alignment of the teeth after treatment are not a failure of your orthodontic treatment, but are changes that you can expect as you age. Your teeth will want to adapt to these changes. In some cases, spaces may appear or not fully close. Shifting or settling of teeth following treatment, as well as after retention, will most likely occur in varying degrees. Previously rotated teeth, mouth breathing, or other uncontrolled muscle habits are frequent causes. Some of these changes are desirable while others are not. Rotations, crowding of the lower front teeth, slight spaces in the extraction sites or spaces in the upper front teeth are the most common examples. Wearing your retainer as recommended by your orthodontist is the best way to minimize these changes. Further growth after treatment may influence the alignment of your teeth and jaw. In order to protect the results of your orthodontic treatment, you may require at least part-time wear of your retainer for your lifetime.

Your orthodontist may recommend, or you may request, a “permanent” or “fixed” retainer. Permanent retainers are not for everyone and they cannot be adjusted to correct alignment problems. Patients must spend extra time cleaning to avoid cavities and gum disease. As with braces, care must be taken in the types of food eaten to avoid breaking the permanent retainer.

Facial Growth Pattern
Occasionally insufficient or excessive jaw growth can limit your orthodontist’s ability to achieve or maintain desired results. On rare occasions, it may become necessary to recommend a change in the original treatment plan. These changes may include the removal of one or more teeth and/or corrective jaw surgery.

Adverse Growth Pattern (Adverse Jaw Growth)
Orthodontists are trained to estimate, not predict growth tendencies of their patients. Your orthodontist will design your orthodontic treatment taking into consideration these tendencies and attempt to modify and minimize any that are undesirable. Some individuals have a growth pattern that may improve or worsen the expected outcome for orthodontic treatment. The patient’s actual growth experience may not be adequate or advantageous to achieve ideal treatment goals. This is called “adverse growth.” It is unpredictable in many cases and may increase treatment time and/or affect the outcome of treatment. If treatment takes longer than anticipated due to adverse growth, your orthodontist may charge additional fees for extended treatment time or offer you changes in treatment goals. In some instances, your orthodontist may recommend removal of teeth and/or corrective jaw surgery to resolve any problems that have developed. (If these undesirable growth changes occur after active treatment, and if they are substantial, they may require additional treatment with an additional fee for this treatment.)
Swollen Gums and Periodontal Problems

Ineffective tooth brushing and flossing may cause your gum tissue to become sore and swollen. The swelling may cause your gums to contact your braces leading to even more soreness. Should this condition become severe, swelling may lead to receding gums and gradual loss of supporting bone around your teeth.

If severe gum or periodontal problems occur during orthodontic treatment, and if not controlled or corrected, it may be difficult or impossible to control bone loss and subsequent loss of teeth. Consultation and treatment by a periodontist, a dentist who specializes in treating gum disease, will be advised. If periodontal problems cannot be controlled, treatment may be discontinued.

Gum recession can be common in adult malocclusions (faulty bite). Aligning your teeth may leave triangular spaces between the front teeth, contributing to esthetic problems and entrapment of food particles. Most often, these spaces can be reduced or eliminated by slightly narrowing the wider portion of the teeth and closing the spaces by bringing the teeth closer together. Other procedures by your general dentist specialist may be appropriate for providing the best esthetic result.

Tooth Reshaping and Equilibration

Occasionally, your orthodontist may recommend removal of small amounts of enamel tooth structure to allow proper alignment, improved dental esthetics, or to improve the fit and function of your teeth. Additionally, your orthodontist may recommend adjustment, tooth reshaping, or equilibration of one or more chewing surfaces of your teeth to allow a better fit and function of your teeth in their new positions. This removal of tooth structure does not endanger the long-term health of your teeth or gums. Your orthodontist will explain these procedures in more detail should it apply to you.

Root Resorption

Root resorption is a shortening of the tooth roots. It can occur with or without orthodontic treatment and it is nearly impossible to predict. Some patients are predisposed to root resorption. Slight changes in root length are usually insignificant, but severe changes may jeopardize the longevity of one or more teeth. Your orthodontist may then recommend discontinuing treatment to minimize further root resorption. The risk of root shortening increases with increased treatment time. Therefore, your cooperation during treatment is very important to avoid or minimize the chances of root resorption.
Loose Band, Bracket or Appliance: If a bracket becomes detached from a tooth it is ok to leave it in place although it may be loose on the archwire. However, if any part is irritating your mouth try to cover with orthodontic wax. If a band or bracket actually comes off, wrap in tissue and bring with you on your next visit. Please call ASAP concerning any bracket damage so that we can schedule adequate time for your repair work.

Loose Wire: An irritating loose wire can be covered with wax as well. It may also be pushed back into place by another person using an eraser, spoon or tweezers, or clipped back with fingernail clippers.

Your Herbst Appliance

Your Herbst appliance works using sliding rods and tubes that are fixed to the crowns on the molars of your upper and lower jaw. Occasionally, the appliance may come apart if a rod slides out of a tube. If this should happen, simply open wide and carefully slide the rod back into the tube, and close your mouth normally. You may need to use a mirror in this case.

**In the following instance, please call our office immediately:**

- A rod or tube becomes detached.
- A rod gets stuck inside a tube, limiting movement of your jaw.
- A crown loosens from the tooth.
- Any other breakage.

Try to save any loose or broken pieces and bring with you to our office. Please call if you have any questions.

---

**YOUR FIRST WEEK IN BRACES**

**THINGS YOU CAN EAT:**

- Soup
- Plain Oatmeal
- Scrambled Eggs
- Yogurt
- Applesauce
- Cream of Wheat
- Baked Potato w/o skin
- Jell-o
- Spaghetti w/o meat
- Milk Shake
- Smoothie
- Macaroni and Cheese
- Soft Ice Cream w/o nuts
- Pudding
- Mashed Potatoes
- Cottage Cheese
- Pancakes
- Top Ramen

**THINGS TO AVOID:**

- Chewing pens or pencils
- Chewing fingernails
- Playing contact sports w/o a mouth guard
- Picking or playing with braces or wires

**HELPFUL HINTS:**

Throughout treatment, your wires or braces may cause irritation to your cheeks, lips, or gum tissue. It is helpful to use orthodontic wax to aid in discomfort while getting use to your braces. In addition, the wires we use are titanium based meaning that they work in conjunction with the natural warmth in your mouth. It is sometimes possible to accelerate your treatment by swishing with very warm the wires. This helps especially prior to eating meals.

**Food List for Orthodontics**

**Eating habits that must stop!**

- Absolutely no gum
- Sticky candy (caramels, taffy, starburst, skittles, all gummy snacks, etc.)
- Ice (chewing)
- Popcorn, nuts, corn nuts
- Hard edge of pizza (crust)
- Hard candy (jolly ranchers, lifesavers, frozen candy bars, etc.)
- Ribs
- Large pieces of meat (should be cut into small pieces)
- Pop drinking on special occasions only
- Do not suck on lemons or limes (it is harmful to tooth enamel)
- Do not chew on any hard objects (pencils, fingernails, etc.)
Eating habits that must yield!

Whole fruits & vegetables
  (apples & carrots should be sliced & eaten very carefully)
Hard, crusty breads & bagels (should be broken & eaten in small pieces)
Hard corn chips & hard potato chips (require special care too)
Fresh corn (should be sliced off the cob)

Hard foods may do damage by bending wires, loosening cement under the bands or breaking the little brackets. Sticky foods damage appliances by bending wires and pulling cement loose. Foods high in sugar content should be avoided whenever possible. If you do eat any of them, eat only at the end of a meal and brush your teeth immediately. If not convenient to brush, then always rinse your mouth with water after eating very sweet foods like candy or pop.

A careful orthodontic patient can eat almost any food and do no damage to his/her appliance. However, there are many other foods which may cause trouble. Use common sense when choosing foods to put in your mouth. To be safe, ask us if you are in doubt about eating them.

Mouth Drying Pill

Your orthodontist may prescribe a mouth drying pill (Sal Tropine) for oral use only. I have read the information provided and understand that a copy is available upon request.

Habits

Uncorrected finger or thumb habits as well as atypical swallowing may cause treatment to be extended longer than anticipated. Uncontrolled muscle habits may also cause undesirable tooth shifting following treatment. Grinding and/or clenching the teeth may promote or aggravate jaw problems (TMD) and may increase the tendency for teeth to shift. If significant, undesirable shifting of the teeth occurs (relapse), then retreatment may become necessary along with a new treatment fee.

FLUORIDE

Fluoride is a MUST when wearing braces. Topical fluoride helps to protect the tooth enamel from decalcification.

Decalcification is an etching that occurs to the tooth enamel and is permanent. The acid found in soda pop, high amounts of sugar in the diet, and improper cleaning will all result in decalcification.

Topical fluoride is for the protection of exposed tooth enamel. Continue taking any previously prescribed fluoride tablets, as they are for the protection of teeth still developing.

It is important to sue your fluoride everyday and not to eat or drink for at least 30 minutes after using the fluoride. Be sure to brush prior to applying the fluoride.

BE SURE TO SEE YOUR GENERAL DENTIST EVERY THREE TO SIX MONTHS FOR YOUR GENERAL DENTAL NEEDS AND CLEANINGS!

Cavities and Decalcification

Orthodontic appliances (braces) do not cause cavities or decalcification (white or brown tooth scars). Braces do trap food particles and plaque and increase your likelihood of developing cavities or decalcification if you do not effectively clean your teeth.

Most patients are able to prevent these problems with a combination of proper diet, effective tooth brushing habits and regular checkups with the family dentist. You should brush your teeth immediately after eating, using the proper techniques for brushing with braces. If brushing right away is not possible, vigorously rinsing with several mouthfuls of water is helpful. Floss once a day. Effective oral hygiene and plaque removal is essential. Remember to avoid sticky candies and foods and minimize beverages high in sugar and limit snacks.

Check for loose bands or brackets daily. If any part of your orthodontic appliance becomes loose, call the office to schedule an appointment. A loose band or bracket greatly increases your chance of getting cavities. When you miss appointments and are not seen regularly by your orthodontist, loose bands can go undetected and may result in tooth and/or gum damage.

CAN YOU FIX IT? YES YOU CAN

From time to time you may experience a problem with your braces while at home. Here are some common orthodontic appliance problems that you can easily fix on your own. However, please do not hesitate to call us for assistance if you are unable to correct the situation.

Gum Soreness: Rinsing your mouth with warm water mixed with salt often alleviates soreness. Ibuprofen is another option for relief from minor discomfort.

Teeth Soreness Due to Wire Change: Drink cold liquids to relax the wire and give temporary relief. Ibuprofen can also be used.