

SCHEDULING APPOINTMENT POLICY

HOW DO I FIT ORTHODONTICS INTO MY BUSY SCHEDULE?

Most people seeking orthodontic treatment have other important obligations during the day, usually involving with work or school. When active orthodontic treatment begins, each patient is seen every few weeks, and some of these appointments will conflict with work or school schedules.

We have devoted considerable time and effort into designing our scheduling system. Here is what we want to do: First, we want to see you **on time** for your appointment. Second, we want to have **adequate time** during each appointment to do the necessary procedures. Third, we wish to **answer questions** and **update your treatment progress**. In addition, we will work with you to schedule around your school or work hours as much as possible. Please know your Professional Days. As you can imagine, a well-organized schedule requires considerable structure tempered with flexibility.

OUR APPROACH

Longer appointments are scheduled during school hours and shorter appointments scheduled either before, or after school. In this way, our afternoons are scheduled to accom-modate as many families as possible for after-school appointments. If you should ever wish to come to the office during a quieter time, please ask to schedule an appointment during school hours.

Some appointments are blissfully short. During your treatment there are times when the adjustments are completed quickly even though they may be quite technical. We have tried to design treatment methods that limit your inconvenience. Other appointments can be unexpectedly long, especially if you have broken part of your braces.

Because the office schedule is quite complex, your late arrival can pose a problem. In fairness to the other scheduled patients, we may not be able to fit you into the schedule and therefore find it necessary to reschedule your appointment.

RESCHEDULING APPOINTMENTS

We realize that once in a while unforeseen circumstances arise which necessitate a change in appointments. When patients occasionally overlook an appointment, we do our best to reschedule the appointment as soon as possible; however, in order to avoid delay in treatment, it may become necessary to reschedule an after-school appointment to one during school hours. Missed appointments or numerous appointment changes will inevitably result in an extension of your treatment time. There is a \$20.00 charge for missed appointments.

Office Hours: Dr. C.M. Mills

MONDAY	8:45 A.M. - 5:00 P.M.
TUESDAY	8:45 A.M. - 5:00 P.M.
WEDNESDAY	12:30 P.M. - 8:00 P.M.
THURSDAY	8:45 A.M. - 5:00 P.M.

Office Hours: Dr. W.P. King

Office hours subject to change without notice.

ORTHODONTIC STRAIGHT TALK

DR. C.M. MILLS, INC.
DR. W.P. KING, INC.
ORTHODONTIC TREATMENT CENTERS

WHAT YOU SHOULD KNOW ABOUT ORTHODONTICS.



WELCOME!

We're pleased to have you as a new patient, and we want you to know what to expect during your time with us. Here's a book that will help you become familiar with our procedures.

It's worth reading carefully and keeping throughout your treatment.

Our office specializes in treatment of children and adults. Today, more than 30% of orthodontic patients are over 18 years old. New dental technology has made the process easier and more effective than ever. Better bonding techniques; lighter, less conspicuous wires; miniaturized or clear appliances; and "clear" braces - all have encouraged children as well as adults to seek orthodontic treatment.

Together with the discussion we have during your treatment, the book will answer questions you may have and also remind you of your role in the treatment.

WHAT YOU SHOULD KNOW ABOUT ORTHODONTICS

A requirement facing all practitioners of medicine and dentistry is that the patient, or legal representative of the patient, give the practitioner informed consent. Informed consent indicates your awareness of the negative as well as positive aspects of orthodontic treatment.

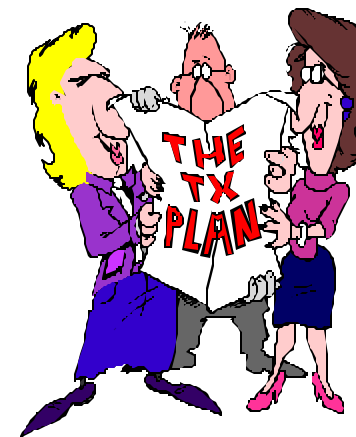
You have my assurance that even though informed consent is a legal requirement of all practitioners of medicine and dentistry, I will endeavour to keep any negative possibilities of orthodontic treatment to a minimum.

Perfection is our goal. However, in dealing with human beings and problems of growth and development, genetics and patient cooperation, achieving perfection is not always possible. Often a functionally and aesthetically adequate result must be accepted.

PRELIMINARY EXAMINATION

Your first appointment is a Consultation appointment which involves a clinical examination to determine your orthodontic needs. We'll tell you about any problems we discover and describe the necessary corrective treatment. We'll also talk about how much it's likely to cost and about approximate treatment time. If it is agreed to proceed with the treatment plan, the patient must have had a recent complete examination by their family dentist to fill any cavities. It is important that the patient maintain semi-annual "check-up" visits with their family dentist during the period of orthodontic treatment.

At your second appointment, a set of diagnostic records including photographs of the face and teeth, plaster moulds of the teeth, and head and jaw x-rays are routinely taken prior to the start of treatment. These are needed for treatment planning. Occasionally ultrasound recordings of the jaw muscles may also be done to assess treatment progress. There are no adverse effects from the ultrasound procedure



DURING ACTIVE TREATMENT WITH BRACES

When forces are applied to the teeth, there may be some tenderness felt after about two to six hours. This usually lasts about 24 to 48 hours. The intensity and duration of the discomfort will vary with the patient. However, usually nothing stronger than Tylenol is recommended.



The normal period for treatment with full braces is about two years. During the course of treatment additional x-rays may

be taken to monitor the treatment progress.



COOPERATION

Generally, excellent orthodontic treatment results can be obtained with cooperative and informed patients and /or parents. The greatest satisfaction to orthodontists comes from sharing the results of a pleasing smile, healthy teeth, and the glow of new confidence seen in happy patients. This is a shared experience, because patient and orthodontist work together to make it happen. For best results in the shortest time and at the lowest cost, you must:



orthodontist results in the

1. Keep regularly scheduled appointments.
2. Practice good oral hygiene. This means thorough brushing after meals and snacks plus daily flossing.
3. Wear rubber bands, headgear and retainers as instructed.
4. Call the office immediately should you experience loose or broken appliances or if you lose your appliance.
5. Eat a well-balanced diet.



EATING HABITS

Proper eating habits are one key to a successful orthodontic program. If you haven't done so already, establish a pattern of regular, nutritious meals. Some foods that are hard and brittle can cause breakage to your braces. We suggest that you yield consumption of these foods until after the treatment is completed. These food items consist of:



1. CORN CHIPS
2. POPCORN
3. HARD EDGES OF PIZZA
4. ICE
5. HARD CANDY (peppermint sticks, Lifesavers, jawbreakers, etc)
6. GUM
7. STICKY CANDY (caramels, taffy)
8. CORN ON THE COB
APPLES, CARROTS

If you choose to eat fruits such as apples, pears, etc, please slice up these fruits into small pieces and eat very carefully.

TREATMENT

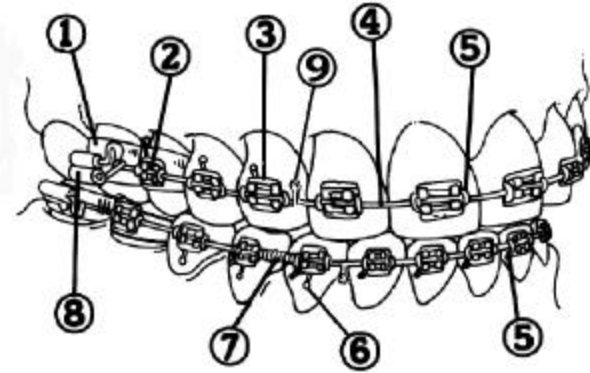
In the Phase II "definitive treatment" full braces are used to adjust the position of your permanent teeth. This phase can start before or after you have lost all your baby teeth, and is usually necessary after Phase I interceptive treatment. Definitive treatment with full brace lasts approximately two years; your treatment period may be longer or shorter. This phase of treatment can take between 12 to 36 months depending on the severity of the case. However, actual treatment time is difficult to predict accurately due to variation in treatment response in different individuals.

BRACES

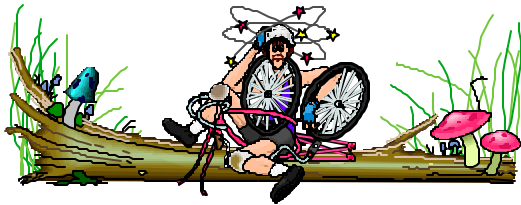
If you have any problems with your braces during treatment, refer to this diagram so you can accurately describe the problems when you call our office. Your braces are precise appliances designed for specific purpose. Treat them carefully. Continual breakage can lead to unnecessary extra cost for repairs.

If you have any problems with your braces, refer to this diagram so you can accurately describe the problems when you call our office.

- 1) **BAND** - ring of metal that is glued onto the tooth
- 2) **BRACKET** - attachment bonded to the tooth or welded to a band
- 3) **BONDED BRACKET** - attachment bonded directly to the tooth
- 4) **ARCHWIRE** - large removable wire that fits around the arch into the bracket slots
- 5) **LIGATURE WIRE** - tiny wire that ties archwire into bracket *OR*
- ELASTIC LIGATURE** - plastic module that ties archwire into bracket
- 6) **HOOKS** - used to attach elastics (rubber bands)
- 7) **COIL SPRING** - fits between brackets and over archwire
- 8) **HEADGEAR TUBE** - tube on upper six-year molars where inner bow of headgear fits
- 9) ??



DAMAGED BRACES



LOOSE BAND OR BRACKET

The seal created by the cement (glue) has been broken between the band and the tooth. Common cause of this can be moisture on the tooth during banding or biting down on hard substances. This is not an emergency problem, but can lead to decalcification and decay under the band if left unattended. Call our office at your earliest convenience and we can recement or remove the bracket temporarily until your next appointment.

BROKEN ARCHWIRE OR HEADGEAR, LOST LIGATURE WIRE OR HOOK

These problems could cause the teeth to shift in the wrong direction, please notify our office promptly if any part of the orthodontic appliance becomes loose, broken or distorted between visits; it may be necessary to arrange a special adjustment appointment to avoid undesirable shifting of the teeth. However if chronic breakage occurs, there will be a charge for each repair.

POKING WIRE

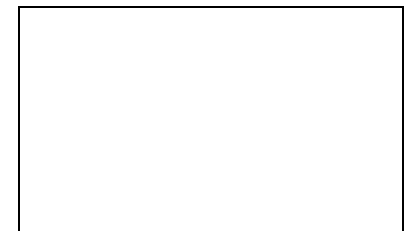
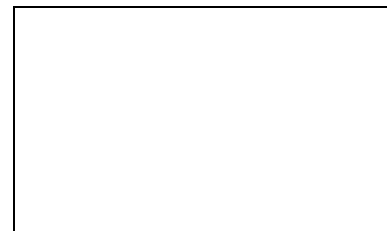
This is the term for a wire that sticks out and caused irritation. Movement of your teeth during treatment can sometimes shift the wire towards the back of the molars into the cheek. This irritation can be alleviated by clipping the wire.

EMERGENCY APPOINTMENT BOOKING

Accidents do happen. If you notice any of the above problems, call our office so we can get you in for replacement or repair as soon as possible. We would like to also remind you that when an emergency situation occurs, we will do our best to fit you into a time slot that will be convenient for you, however that may not always be possible and we may not be able to wait for a convenient time depending on the emergency. If you have any questions about some aspect of your treatment, give us a call, we're here to serve you and answer your questions.

APPLIANCES

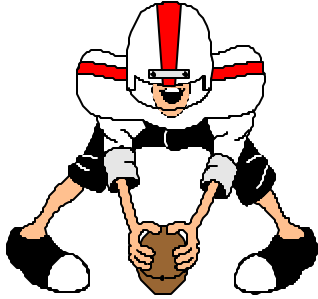
A number of orthodontic appliances are used in orthodontic treatment. It is important that you follow closely the orthodontist's and/or his or her staff's instructions regarding their use. However, there is always some risk of injury in the use of appliances.



POTENTIAL PROBLEMS DURING ORTHODONTIC TREATMENT

1) Cavities

Orthodontic appliances do not cause cavities, but because of their presence, food particles and plaque are retained more readily. The cavity potential is thereby increased. The retained food & plaque may also lead to sore and swollen gums. The white lines (decalcification) that are sometimes visible when the braces are removed are usually found between the band margins and the gum lines are an early stage of a cavity. In most patients, these can be prevented with proper diet, good tooth brushing habits and keeping regular check-up appointments with the family dentist. It is important to brush teeth immediately after eating. A loose band greatly increases the cavity potential. The patient should check for loose bands daily. Be sure to call the office for an appointment as soon as possible to replace a loose band.



2) Root Resorption

This condition is a blunting of the root tips which may occur in varying degrees during orthodontic treatment, but is usually mild and does not affect the health of the teeth. The upper incisors (front teeth) are most commonly involved. There have been instances where all the teeth are involved and an excessive amount of resorption has occurred. If there is any associated periodontal (gum) disease, the longevity of the teeth can be threatened. It is difficult, if not impossible to predict who is susceptible to root resorption. The incidence seems to increase with prolonged treatment. This emphasizes the importance of patient cooperation in order to complete treatment as quickly as possible.

It should be noted that not all root resorption arises from orthodontic treatment. Trauma, impaction, endocrine disorders or idiopathic reasons can also cause root resorption.

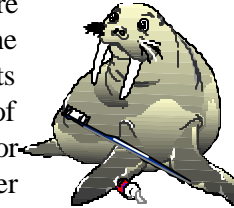
3) Injuries from Appliances

The braces and wires project three millimeters out from the teeth, so a blow to the mouth or cheeks may result in the inside of the lip or cheek being cut on the braces. In most instances, the braces actually protect the teeth and

stabilize them from a severe blow to the mouth area. Loose or broken wires and bands can scratch or irritate the cheeks, gums or lips. If this occurs, you should place the soft wax (furnished by this office) over the area causing the irritation. Then call the office so the problem can be corrected.

4) Importance of Following Directions in the Use of the Headgear and Retainers.

There have been severe injuries as a result of "playing" with the headgear. All tension or pressure attempting to remove the metal part of the headgear from the face if it slips out of physical type sports or headgear. Another person pulling the headgear off, accidentally or deliberately, could result in serious injury. If you are wearing removable appliances, such as retainers, reasonable judgment must be used. Do not wear it if there is a chance of it being dislodged—for example, while swimming or playing contact sports.



5) Injuries During Actual Treatment Procedures

When sharp instruments are used or placed in the mouth, it is possible that the patient may be scratched or poked, especially if the patient moves at a critical time during the procedure. It is possible for a foreign object to fall in the back of the mouth, and if it is far enough back or the patient reflexes at that instant, the object may be swallowed or inhaled.

6) Ankylosed Teeth

Occasionally a tooth which is impacted or partially erupted may be firmly attached to the bone ("ankylosed"). Such a tooth cannot be moved by routine orthodontic forces; it must be surgically moved to position or removed.

7) Jaw Joint Pain or Clicking

Pain or clicking of the temporomandibular joint may occur at any time during one's life. Usually multiple factors cause this condition. The emotional state of a person predisposed to this problem has a direct relationship to joint pain. Most patients have accommodated to their present tooth arrangement and have no joint problems. If, however, there is a change in the dental relationship due to a new filling, broken or extracted teeth, or orthodontic movement, etc., then the patient must readapt



to the new dental relationship, which coupled with emotional stress, may bring on an episode of joint pain. This pain is often associated with jaw muscle spasm. Treatment of the problem may take several courses and can be very simple or become quite complex. Total resolution of the problem cannot be assured.

8) Swollen gums

In some areas of the mouth the braces may contact the gum tissue. This is usually not a problem but if the patient does not brush well in these areas, the gum tissue may become sore and swollen. It is necessary that the gums and braces be brushed and cleaned thoroughly after eating to keep them healthy.

9) Relapse Tendencies

Relapse, as used here, usually describes a movement of the teeth back toward their original positions after the braces have been removed. It is probable that all patients will experience at least some movement of the teeth once the braces have been removed. It is difficult to determine how much tooth movement will occur. Experience seems to indicate that the more ideal the end result, the less likely the chances of relapse. There are a number of reasons why relapse may occur. The most common reasons are:

- a) Lack of cooperation in wearing retainers. This is especially true in the early months of retention.
- b) The more severe the original malocclusion, the greater the relapse tendency. When a tooth is severely rotated the gum fibres will tend to pull it back toward the rotated position. Therefore, in many cases, fibre transection will be recommended as part of the retention procedure.
- c) Teeth may crowd again after orthodontic treatment, even if four bicuspid are removed as part of the treatment procedure. This is most common in the lower anterior teeth. The crowding may be due to wisdom teeth trying to erupt, the growth pattern of the jaws, or the muscle balance of the lips and tongue. In some patients it is best to treat without removing teeth, even though it can usually be predicted that the lower teeth may tend to crowd later.
- d) One of the most difficult corrections to maintain is the closure of the space between the two upper front teeth. Several procedures will be considered to try to maintain this closure if there is a tendency for it to open.

e) The treatment of relapse due to growth depends on the degree of relapse. In some instances, it may be necessary to reband all of the teeth, once the growth is completed. As a part of such treatment, jaw surgery may be recommended. In some relapses, occlusal equilibration (reshaping of the teeth) may take care of the problem. Each case must be evaluated and considered individually.

f) Muscle balance will play a major role in the stability of a case and in any possible relapse. This is especially true in the allergic patient or the patient with large adenoids and tonsils who, therefore, must breathe through the mouth. The loss of lip function and the tightening the cheek muscles may induce relapse. The tongue posture plays an important role in stability. If a patient has a combination of tongue thrust and mouth breathing, then the relapse tendency will be very strong. These are very difficult cases to treat to a satisfactory result, and it is very difficult to retain the end result.

RETENTION

After the braces are removed and the active treatment completed, the patient is provided with a retainer which, molded to fit the mouth, may be removable by the patient or affixed by the orthodontist. Your teeth are unlikely to “relapse” to their original position if you use your retainer properly; if you do not, you may undo much or all of the progress you have made. Some patients must wear a retainer indefinitely to keep their teeth aligned. If you do not wear your retainer as directed, your orthodontist cannot assume responsibility for undesirable tooth movement. Make sure you keep appointments for retention adjustment as scheduled.

Approximately three months before the braces are removed, a set of orthodontic records may be compiled. This includes x-rays, plaster models and photographs used to help determine the retention program, and ascertain the position of the wisdom teeth.

After the braces are removed, the family dentist should then perform a check-up and a thorough cleaning of the teeth.