



OFFICE POLICIES

I. APPOINTMENTS

We do our best to see as many patients as possible after work or school, however, with the majority of our patients working or attending school, it is not possible to see them all outside of the normal work or school day. Please understand that these policies are designed to prevent over-scheduling and unnecessary wait time for you.

- A. Missed or late appointments often lead to extended treatment time and/or compromised results. **Please call to inform us as soon as possible if you need to cancel or reschedule an appointment.**
- B. Broken appointments or **cancellations will be rescheduled on an availability basis.** We are typically unable to re-appoint immediately, so be advised that this typically results in an extension of the treatment time.
- C. Please **call ahead with any orthodontic emergency** (loose braces, broken wires, etc.). We will get you in as soon as possible to eliminate the emergency or, if the patient is not in pain, lengthen your next scheduled appointment appropriately to allow time to repair your appliances.
- D. Please do your best to arrive on time. **Late arrivals may have to wait or be rescheduled entirely** so as not to penalize those scheduled later who arrived on time.
- E. **Chronic/excessive missed or late appointments (typically 3 or more) or long periods of absence (typically 3 or more months) may be cause for additional fees, loss of the privilege to schedule late afternoon/early evening appointments, or discontinuation of treatment/removal of appliances** as determined by the treating orthodontist.
- F. In order to accommodate as many patients as possible, we reserve late afternoon/early evening appointments for routine adjustments and appliance checks. **Longer appointments and emergency/repair appointments are scheduled during work or school hours** when more time can be spent with the patient.

II. COMPLIANCE

- A. General dental care and checkups are the responsibility of the patient and your regular family dentist. **We advise patients to see their general dentist every six (6) months during active orthodontic treatment.** In the event that you have changed dentists or there has been a change in medical history, please notify our office as soon as possible.
- B. **Successful treatment is dependent on many factors** including proper oral hygiene, taking care of appliances to avoid breakage, and patient cooperation in elastic wear or adjunctive appliances (headgear, bite plates, etc.).
- C. In addition to impeding the achievement of an ideal result and extending treatment time, **poor compliance can lead to permanent, irreversible damage of the dentition and surrounding tissues.** If the treating orthodontist determines that it is in the best interest of the patient to discontinue treatment due to a history of poor compliance, **appliances may be removed** before all treatment goals are accomplished.

III. TREATMENT TIME

- A. Your initial **treatment time estimate is not an exact prediction.** It is difficult to guess how fast or slow teeth will move because everyone's teeth and bone biology are different. **Please allow your orthodontist to take his or her time finishing your teeth as perfect as possible.** Rushing the process can cause slower movements, unnecessary pain, sloppy final results, and increased risk for relapse and permanent damage to your teeth or surrounding tissues.

IV. FINANCIAL ARRANGEMENTS

- A. We try to accommodate our patients and families with flexible payment arrangements in order to make treatment affordable. **Please notify our office promptly should the need to delay a payment or alter arrangements arises.** We will attempt to make reasonable arrangements to help resolve the situation without an adverse affect on the treatment process. **Should an account become delinquent for an extended period of time, our office reserves the right to schedule maintenance-only appointments** (oral health and appliance checks, no treatment progression) **or remove appliances** completely if attempts to make the account current fail. Please help us avoid these situations with an open line of communication.

Please feel free to discuss anything concerning treatment at any time with our office. We want our relationship to be a long and happy one, however, we cannot do this without your help and cooperation. Please work with us to achieve the best results possible for you and/or your child. We appreciate your understanding and welcome any ideas or feedback you may have.

Patient or Parent/Guardian if under 18 years old (Signature)

Date

Patient Name (Printed)