

MOST COMMON ORTHODONTIC PROBLEMS

Your Child has one or more of the following problems that requires correction:

Crowding:



Teeth may be aligned poorly because the dental arch is small and/or the teeth are large. The bone and gums over the roots of extremely crowded teeth may become thin and recede as a result of severe crowding. Impacted teeth (teeth that should have come in, but have not), poor biting relationships and undesirable appearance may all result from crowding.

Overjet or protruding upper teeth:



Upper front teeth that protrude beyond normal contact with the lower front teeth are prone to injury, often indicate a poor bite of the back teeth (molars), and may indicate an unevenness in jaw growth. Commonly, protruded upper teeth are associated with a lower jaw that is short in proportion to the upper jaw. Thumb and finger sucking habits can also cause a protrusion of the upper incisor teeth.

Open bite:



An open bite results when the upper and lower incisor teeth do not touch when biting down. This open space between the upper and lower front teeth causes all the chewing pressure to be placed on the back teeth. This excessive biting pressure and rubbing together of the back teeth makes chewing less efficient and may contribute to significant tooth wear.

Class II:



Class II problems represent abnormal bite relationships in which the upper jaw and its teeth are located in front of the lower jaw. This

causes "buck teeth" or "rabbit teeth". In most cases, this relationship is caused by a skeletal malocclusion and is due to inherited characteristics.

Crossbite:



The most common type of a crossbite is when the upper teeth bite inside the lower teeth (toward the tongue). Crossbites of both back teeth and front teeth are commonly corrected early due to biting and chewing difficulties.

Spacing:



If teeth are missing or small, or the dental arch is very wide, space between the teeth can occur. The most common complaint from those with excessive space is poor appearance.

Deep overbite:



A deep overbite or deep bite occurs when the lower incisor (front) teeth bite too close or into the gum tissue behind the upper teeth. When the lower front teeth bite into the palate or gum tissue behind the upper front teeth, significant bone damage and discomfort can occur. A deep bite can also contribute to excessive wear of the incisor teeth.

Class III:



Class III problems commonly called an under bite are also primarily genetic in origin. In this instance, the lower jaw and teeth are positioned in the front of the upper jaw structures. The facial appearance may give the impression that the lower jaw is excessively large, but in many cases the lack of upper jaw development is at fault. This can cause the lower front teeth to protrude ahead of the upper front teeth creating a crossbite. Careful monitoring of jaw growth and tooth development is indicated for these patients. An underbite is most often caused by a skeletal malocclusion and is due to inherited characteristics

causes "buck teeth" or "rabbit teeth". In most cases, this relationship is caused by a skeletal malocclusion and is due to inherited characteristics.

ADDITIONAL NOTES

ORTHODONTIC TREATMENT

Treatment in this office is usually done in two phases.

STAGE 1 ORTHOPEDICS PHASE

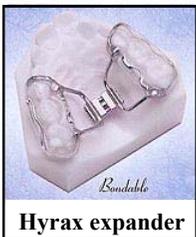
(also called Phase I treatment, Interceptive Orthodontics, and Preventive Orthodontics)

This is usually done for a child who is anywhere from age 7 to 12 years in their growth stage. The main purpose of this stage is to develop the jaw bones to better accommodate the teeth. In most cases this is accomplished with the use of removable appliances.

Phase 1 treatment should be initiated for and can help correct

1. Habits such as tongue thrusting and thumb sucking
2. Airway problems and mouth breathing caused by constriction from swollen adenoids or tonsils
3. bite problems such as deep over-bites, narrow arches anterior or posterior cross-bite, or open bites
4. Crowded teeth due to narrow arches. By developing the arches at an early age, we may prevent or eliminate the crowding of the permanent teeth.
5. Underdeveloped jaws- almost 50% of children who need orthodontic treatment due to a bad bite have underdeveloped lower jaws. Functional appliances will reposition the lower jaw forward to improve the child's profile and correct the bite problem.

In many cases, the appliances correct skeletal problems by positively influence the growth of the jaw bones. Another common procedure is the expansion of the upper jaw to increase it's width.



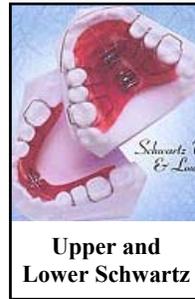
Hyrax expander



Face Mask for Class III correction



Clark Twin Block for Class II correction



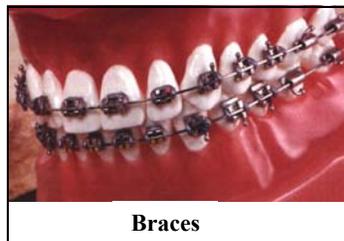
Upper and Lower Schwartz

The orthopaedic stage can take between 9 to 18 months. and will make the 2nd Stage Treatment much easier. In other words your children will need to wear fixed braces on their adult teeth for less time. Occasionally, after 1st Stage of treatment has been completed no further orthodontic treatment may be necessary, but this only happens in about one in 20 patients.

HOLDING PERIOD

Following the completion of the first stage a holding period will be necessary to wait for all remaining baby teeth to fall out and the new adult teeth to erupt. During this stage a retainer is usually fitted, to be worn for the additional 6-12 months it could take.

STAGE 2 ORTHODONTIC TREATMENT



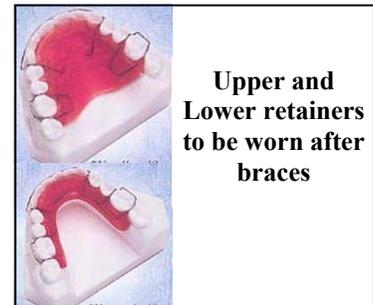
Braces

BRACES

The purpose of this stage is to straighten the teeth to get that perfect smile. This is done with the use of fixed "braces" attached to the teeth. Teeth are moved with a series of wires. In some cases elastics between the upper and lower jaws are used. Treatment can last anywhere from 9 months to two years.

RETENTION

Once the braces are taken off, retainers are to be worn for a period of 6 months to one year to hold the teeth.



Upper and Lower retainers to be worn after braces

PROPOSED TREATMENT

Stage I

- Haas/Hyrax
- Split Plate
- Habit Appliance
- Lower Schwartz
- Hyrax with Face Mask
- Frankel III
- Clark Twin block
- Other _____
- Extractions _____

HOLDING PERIOD

- LLA
- TPA
- Molar Rotator

STAGE II

- Straight Wire (Braces)
- Palatal Expander
- Utility Arch
- Interarch Elastic wear

RETENTION PHASE

- Upper and Lower Hawley
- Lower lingual bonded bar
- Moralis
- Frankel III

FEES, FINANCIAL AND INSURANCE ISSUES

The fees for your child's orthodontic treatment will be
\$ _____

FEES

This is a flat fee that includes everything from the appliances, the braces, retainer and the monthly visits. The fee quoted will not include supplementary procedures necessary for orthodontics such as any extractions or gum work.

Repair or replacement of an appliance due to neglect is an extra cost. Appliance insurance (purchased from the Dental Lab), that will protect against loss or damage can be purchased for a cost of \$25. It is only good for one claim and must be repurchased to continue the protection.

Methods of payment

Payment will be spread over the course of treatment (usually anywhere between 12 to 24 months). There will be an initial payment of about \$500 to \$600, followed by equal monthly installments, divided over the estimated treatment time. To

make the payment process easier, we will require post-dated cheques or your Visa # to bill you automatically once a month. In the event account problems develop, we reserve the right to delay or all together end treatment.

Dental Benefits

We will be happy to help you with any dental benefits you may have. Before treatment begins we will submit a pre-termination to your insurance company. Treatment will not start until you fully understand your benefits. If you do have orthodontic coverage, we would still prefer you receive the insurance payments and make payments to us as described above. Regardless of whether you are covered or not, you are fully responsible for the cost of the treatment and not your insurance company.

So we can better assist you, please ask your employer or you insurance company the following questions:

1. Do I have orthodontic coverage?
2. Who is eligible?
3. Up to what age is this person eligible?
4. Is coverage a percent of the total

fee or up to a lifetime maximum?

TREATMENT TIME

Orthodontic treatment for your child will take approximately _____

This time period is an estimate only and does not include the holding Phase" where we are waiting for the primary or "baby teeth" to exfoliate and the adult teeth to erupt.

The treatment time can vary with the difficulty of the problem, co-operation of the patient, and individual response to the orthodontic treatment. Lack of facial growth, poor co-operation with elastics or appliance wear, poor oral hygiene, broken appliances or missed appointments are all important factors which could lengthen treatment time and affect the quality of the results.

The normal treatment time with braces is about 24 to 30 months. However, this can vary considerably in some cases.

PATIENT INSTRUCTIONS

With your co-operation the best results can be achieved in the least amount of time. Please read the Patient instructions carefully. If there are any questions about these instructions ask the doctor or staff member

PATIENT CO-OPERATION IS THE KEY TO SUCCESS

Orthodontic treatment is a big commitment. As a rule, successful orthodontic treatment results can only be achieved with TOTAL PATIENT COOPERATION.

To help achieve the most successful results, the patient must do the following:

1. Keep regularly scheduled appointments.
2. Practice good oral hygiene, including brushing, flossing, etc.
3. Wear orthodontic appliances as indicated
4. Wear elastics if necessary.
5. Eating proper foods so as not to dislodge the braces (brackets, bands).

6. Wear retainers after braces are removed.

If your child is unwilling or unable to cooperate limited result will occur. If the child does not understand the need for treatment or does not themselves buy in to the process treatment will be a failure. This is why it is important you go through all this information with your child and discuss the treatment and commit necessary. We tend to get better cooperation from a child who understands his or her problem and is enthusiastic for treatment. Treatment will be discontinued for lack of patient co-operation, including poor oral hygiene, broken appointments, lack of wear-time of appliances or elastics, and in cases where, to continue the

treatment, would unfavorably influence the dental health of the patient. Prior to the discontinuance of treatment, the patient or parent will be thoroughly informed of the reasons and hopefully will agree.

We are looking forward to working with cooperative patients and parents.

WHAT TO EXPECT

Excessive Saliva-

saliva will diminish in a few days.

Discomfort

Spacers are often placed between the back teeth a week or two prior to having the braces placed. These create room for the bands or rings to be fitted properly at the first braces appointment. The spacers

can be annoying and cause some soreness of the teeth for two or three days.

It is not uncomfortable to have the braces placed. Activating the braces to move teeth usually does result in some initial discomfort. This usually takes approximately 2 to 4 days before the teeth feel comfortable again. Some succeeding adjustments will also mean some minor discomfort, but usually is less as treatment progresses.

Emergencies

Even though you are careful, you still may have some occasional breakage. If a band comes loose from a tooth or a main archwire (the one that goes all the way around the outside of your braces) breaks, call our office for an emergency appointment. A loose band can trap food and bacteria that can cause decay. A broken archwire can be sharp and poke the soft tissues. Wax, which is provided by our office, can be placed over the sticking wire. Sometimes a small wire breaks which can be turned down with a pencil eraser for comfort. When in doubt, please call. Remember: Please report any lost, broken or loose braces or retainers immediately, and always call before your appointment if you have any damage to your braces or removable appliances.

Instruments

If you play an instrument, be assured that wearing braces will not interfere with your music. You may find it easier to limit playing your instrument for the first few days after braces are placed in order to allow your lips and teeth to adjust to the new braces.

WHAT WE EXPECT OF YOU

Visits

Come to all scheduled appointments (about once a month). At these appointments we make necessary changes to wires or elastics as the case progresses. If you have any problems between your monthly check-ups, call our office.

Be Careful

Always try to prevent injuries to your face, mouth or teeth, but especially while wearing braces. Orthodontic appliances

can dig into the inside of your lips or can dislodge or displaced very easily. So cut down on horseplay. If they dislodge or displace we need to replace or adjust them as soon as possible. *A mouthguard is highly recommended for all contact sports.* It needs to be the kind that is molded over your braces after being heated and will need to be remolded every few weeks as your teeth move.

Watch what you eat

Some foods are harmful to your braces. These foods can break your braces and bend or weaken your archwires. These problems can delay your treatment and prevent you from getting your braces off in the estimated amount of time.

The following foods should not be eaten:

Sticky, gummy foods--such as taffy, caramels, gum(including sugar-free), tootsie rolls.

Hard foods--such as nuts, popcorn, ice, hard candy, lollipops.

Crisp foods--such as pizza crust, doritos, hard pretzels.

Foods such as carrots, apples, bagels, celery, corn on the cob should be cut into small pieces and placed in your mouth.

Do not bite directly into these foods. Biting on pens and pencils and chewing fingernails will also cause damage to your braces.

Please report any breakage to our office as soon as possible to avoid problems.

- To decrease your chances of decay minimize your dietary sugar:
- Minimize sweets over prolonged periods of the day. It is not the quantity but the frequency of sugar intake that causes decay.
- Sugar with meals is okay. Avoid sugar between meals
- Beware of the sugar content in certain snack foods - e.g. chips, cookies, ice cream,
- Watch the sugars In tea, coffee, sodas, fruit juices

ORAL HYGIENE INSTRUCTIONS

With orthodontic appliances in your mouth you are at a higher risk for dental decay and gingivitis. Dental decay is a disease that results in the destruction of your teeth. It will range from white spots to cavities.

For best results please follow these instructions

- Use a **Battery-powered toothbrush** with the special orthodontic brush head. Braun-Oral B
- Use a fluoride toothpaste
- Be thorough - allow two to three minutes to do a good job. Gums that bleed need more brushing
- Brush immediately after each meal and at least 3 times per day. Most of the damage done to the teeth occurs within the first half-hour after eating.
- Use an interdental or Proxybrush to clean between the teeth and archwire or where there are larger spaces between teeth. Select the proper size brush to fit the space.
- Floss with the help of a floss threader. Insert the threader between the teeth and under the archwire. Slide floss up and down against the tooth surface and under the gumline. Floss each tooth thoroughly
- Rinse with a high fluoride mouthwash (Fluorinse .05%) once per day** - Follow the directions on the bottle carefully before using. Both the weekly and daily are available OTC at most drug stores.
- Rinse with Peridex® once daily for one week** – This is a .012% chlorhexidine solution. Do this at the beginning of every month. This is only mouthwash effective against the bacteria that causes decay and gingivitis. Please read the label carefully before using.

Regular Check-ups

Please keep your regular dental cleaning and checkup appointments as well as your orthodontic checks. We suggest you see us at least twice a year for this appointment which also includes appropriate x-rays for early detection and removal of decay and professional fluoride treatments.

RISKS WITH ORTHODONTIC TREATMENT

1. CAVITIES, SWOLLEN GUMS, WHITE SPOTS

Cavities, swollen gums and white spots (decalcification) can result from lack of brushing and flossing and poor oral hygiene, and need not occur if good oral hygiene procedures are closely followed. The permanent white lines (decalcification) that are sometimes visible around the area of the brackets signal the early stage of a cavity. Please follow the oral hygiene instructions carefully.

2. LOSS OF TOOTH VITALITY

Loss of tooth vitality (nerve within the tooth dies) can occur with or without orthodontic treatment, as it is usually related to a previous injury to the tooth and may even be a result of a large cavity or large filling in a tooth. The tooth usually discolors and requires root canal treatment in order to maintain the health of the tooth.

3. ROOT RESORPTION

Progressive shortening of the roots of certain teeth may occur in some individuals with or without orthodontic treatment. This is a negative side effect that occurs rarely with fixed appliances or braces. Root shortening (root resorption) can be caused by trauma, injury, excessive forces, impaction of teeth, prolonged treatment and hormonal imbalances. Certain patients seem more predisposed to root resorption than others, and no one seems to know exactly why, nor can one predict to certain when it will occur. Slight root resorption usually presents no problems for patients who have normal root length and healthy gums and bone. If the patient has advanced gum disease with resultant loss of supporting bone, then root resorption could cause the tooth to be lost sooner.

4. GUM PROBLEMS

The health of the bone and gums which support the teeth may be affected by orthodontic tooth movement if conditions already exist, and some rare cases where a condition doesn't appear to exist. In general, orthodontic treatment lessens the possibility of tooth loss or gum infection due to misalignment of teeth or jaws. Inflam-

mation of the gums and loss of supporting bone can occur if bacterial plaque is not removed daily with good oral hygiene

5. UNFAVOURABLE GROWTH

In the case to younger patients, the treatment plan will be determined on the anticipated amount and direction of facial growth. On occasion, the facial growth does not occur as predicted, and it may be necessary to recommend a change in treatment objectives and procedures. Abnormal growth is a biological process and is beyond the dentist's control. Growth patterns can be adversely affected by finger, thumb or tongue habits. Persistent mouth breathing (abnormal breathing pattern) may cause facial growth to occur in a more vertical direction. My philosophy is to treat problems early and non-surgically. Only in extreme cases will jaw surgery be necessary to correct the problem.

6. JAW JOINT PROBLEMS (TMJ)

Some patients experience jaw joint (temporomandibular joint) problems prior to, during, and after orthodontic treatment. Usually multiple factors cause this condition. Some of the signs and symptoms of jaw joint (TMJ) include clicking, popping, limited mobility, and in severe cases, pain and locking of the jaw. Many people experience these symptoms independent of orthodontic treatment and some are even referred for orthodontic therapy to correct these conditions. Occasionally, a patient may experience some of the jaw joint symptoms during the movement of the teeth in orthodontic treatment, but they will subside after treatment is completed.

7. ENAMEL REDUCTION

Reshaping the teeth before, during, or after treatment may be recommended to provide room for alignment, improved appearance and stability. This reduction for the outer layers of enamel seldom presents a problem with enamel integrity or causes any increase in the number of cavities.

8. TOOTH SIZE DISCREPANCY

If after orthodontic treatment, minor spacing occurs between the teeth because

of small or abnormal tooth size, bonding (white filling material) or crowns may be suggested to fill in the spaces. This improves the esthetics and stability of the case.

9. RELAPSE

Relapse has been described as a movement or shifting of the teeth back to their original position after the braces have been removed. It is probable that all patients may experience at least some movement of the teeth once the braces have been removed. In the late teens or early twenties, some patients may notice slight crowding of the lower front teeth. This is particularly evident if their teeth were extremely crowded prior to treatment. This minor relapse can occur even with good co-operation throughout the active and retention phases of treatment.

The problem of late crowding of the lower teeth occurs in many people with or without orthodontic treatment. Some reasons for crowding include the eruption of the wisdom teeth, the growth pattern of the jaws, or the muscle balance of the lips and tongue. Muscle balance plays an important role in the stability of the case. There must be a balance of the muscles of the lips and cheeks outside and the tongue inside.

Muscle instability can occur with patients with allergies involving swollen adenoids and tonsils who, therefore, must breathe through their mouths. If the patient has a persistent tongue thrust swallowing habit, there will be a greater chance of relapse. Habits such as nail biting, thumb sucking, tongue thrusting, and mouth breathing can cause teeth to become crowded.

To minimize relapse, it is important to eliminate habits as well as wear the retaining devices as directed. Failure to wear retainers may result in undesirable tooth movement for which we cannot assume responsibility. It is important for patients to keep their appointments during the retention stage and to wear their retainers at all times, except while engaged in contact sports or cleaning the appliance.

CONSENT FOR TREATMENT

for _____

From the Office of Dr. Michael J. Guy

UNDERSTANDING "ORTHODONTIC TREATMENT INFORMATION DOCUMENT"

We have attempted to explain some of the many potential problems that could arise as a result of orthodontic treatment. It would be impossible here or anywhere else to mention all the possible problems that could arise with orthodontic treatment or any other medical or dental treatment. Treatment of human biologic conditions will never reach a state of perfection despite technological advances. We will make every effort to co-operate with you during your treatment and keep you fully informed as to the progress of orthodontic treatment.

PERMISSION TO USE PHOTOGRAPHS, X-RAYS

I consent to the taking of photographs and x-rays before, during, and after orthodontic treatment as they are a necessary part of the diagnostic procedure and record keeping. I further give permission for the use of these photographs, x-rays and records to be used for the purpose of research, education or publication in professional journals.

I, _____, was presented the document "Orthodontic Treatment Information", which contains the following information: why orthodontic treatment is necessary, the consequences of no treatment, the proposed treatment plan, the fees, instructions and care and the potential risks. The information in this document has been reviewed verbally and I have also read and understand it's contents. I also understand that there could be other potential risks or problems that could arise that are not listed in this document. I further understand that, like other healing arts, the practice of orthodontics is not an exact science, and therefore cannot be guaranteed.

I, _____, hereby acknowledge that I have been informed to my satisfaction of all the treatment considerations, including benefits or treatment, risks of treatment, risks of non treatment, and the proposed orthodontic treatment plan and that I now consent to treatment.

APPOINTMENT TIMES

Your child needs to be seen at least once per month for an orthodontic check. The time reserved in our schedule for these appointments are: **Tuesdays and Wednesdays, 7:30 to 8:30 am and 3:00 to 4:00 pm.** We ask that you make time in your schedule so can bring your child to an appointment at any of these times. At times additional orthodontic appointments will be necessary and will be booked according to the availability in our schedule.

TREATMENT FEES AND PAYMENT ARRANGEMENTS

The orthodontic fee will be \$ _____. It is agreed that there will be an initial payment of \$ _____. The balance will be paid in _____ monthly installments of \$ _____. Payments are due at the beginning of each month. We reserve the right to discontinue treatment without refund for delinquent accounts or lack patient of cooperation .

REVIEW BY: _____ ON _____
(Dentist or staff name) (Date)

SIGNED BY: _____ ON _____
(Dentist or Staff) (Date)

SIGNED BY: _____ ON _____
(Patient or Parent) (Date)