



orthodontics

Make & Manage Your Booking Online:
www.hugoorthodontics.com or (011) 475 1320/1

Floracliffe | (011) 475 1320/1 | Mon - Sat
3 Carnation Street (Behind Flora Clinic)

PO Box 5532, Weltevreden Park, 1715
Practice Number: 6400787

PATIENT NAME:

ORTHODONTICS

Orthodontics is a specialised field of dentistry, which involves the treatment of dental, facial and skeletal irregularities. These irregularities either individually or in combination make up a malocclusion. Orthodontic therapy using appliances called braces attempts to bring improperly placed teeth and jaws into normal positions and relationships. An orthodontist is a qualified dental practitioner who has completed at least a further three years of postgraduate study in orthodontics at a University.

BENEFITS OF ORTHODONTICS

The main aim of orthodontics is to improve overall oral health and to achieve balance and harmony between the teeth and face. A good smile enhances self-esteem and may improve the quality of life itself. Properly aligned teeth are easier to brush and may decrease the tendency to decay and prevent diseases of the gum & supporting bone from developing. Orthodontics also attempts to distribute the bite force and chewing stress more evenly throughout the mouth minimising excessive stress on the teeth, bone, roots, gum tissues and temporomandibular (TM) joints.

LIMITATIONS OF ORTHODONTICS

As with all forms of medical and dental treatment there are some risks and limitations. Fortunately in orthodontics complications are infrequent and generally of minor consequence. Compliance by the patient is probably the most important factor in preventing many, although not all, of these complications. These problems can occur without orthodontic treatment, but the risks are greater to individuals wearing braces:

- 1. Some tenderness and discomfort is commonly experienced after each adjustment and non-prescription pain medication can be used.
2. The most common problem is related to infrequent and improper brushing of the teeth and gums as well as the consumption of foods containing excess sugar. This can result in tooth decay, gum disease and marking (decalcification) on teeth.
3. In patients with existing periodontal disease or teeth that are already compromised, it is possible that moving teeth may influence an incipient problem. Root canal treatment may become necessary during orthodontics, especially if teeth have been traumatised by an accident or deep decay.
4. Some shortening of roots may occur, but it is usually of no consequence to the longevity of teeth. In rare circumstances significant shortening of roots can occur, often due to inconsistent wear of orthodontic elastics. Trauma, impactions and habits such as nail biting and endocrine disorders can also cause root resorption.
5. Bone, blood, endocrine disorders, smoking and many prescription and non-prescription drugs can adversely influence your orthodontic treatment.
6. Problems may occur in the temporomandibular (TM) joints during or after treatment causing pain or headaches. However these problems may also occur without orthodontic treatment. Such problems should be reported promptly to the orthodontist. Generally, orthodontics is beneficial to health of the TM joints.
7. Teeth may have a tendency to change throughout life, which can adversely effect tooth and jaw positions. Causative factors may include eruption of the wisdom teeth, growth and/or maturational changes, playing certain musical instruments, mouth breathing and other oral habits. These factors may be out of the control of the orthodontist.
8. The total time required to complete treatment may exceed the estimated time. Excessive or deficient bone growth, poor co-operation in wearing the appliance the required hours per day, poor oral hygiene, broken appliances and missed appointments can

lengthen the treatment time and decrease the quality of the end result.

- 9. Due to variation in size and shape of teeth, an ideal result may necessitate reshaping the teeth or additional restorative procedures (for example, to complete the closure of excessive space.) The most common types of treatment are cosmetic bonding, crown and bridge restorative dental care and /or periodontal therapy.
10. Impacted, ankylosed, missing or unerupted teeth may require extraction, surgical exposure or prosthetic replacement
11. Third molars (wisdom teeth) commonly have insufficient space to erupt and we will monitor this and refer you for their removal if necessary.
12. Due to unexpected or abnormal growth, jaw surgery may become necessary to correct the problem. When oral surgery is necessary in conjunction with orthodontics, risks and details of treatment and anesthesia should be discussed with the Maxillo-facial and Oral surgeon and Anaesthetist.
13. Temporary anchorage devices in the form of Temporary mini-screw implants into the bone are sometimes placed in orthodontic patients to provide a source of anchorage for the application of a tooth moving force. If such a TAD needs to be placed a small amount of local anaesthetic is given in the area prior to placement of the TAD. Such screws could become loose or break and the tissues around it could be damaged or become infected or inflamed. These occurrences are rare but may require referral to another medical or dental expert. Please advise your orthodontist if you have had problems with local anaesthetics in the past.
14. Sometimes due to imperfect oral hygiene, the gums may swell and require trimming which we will perform using a laser and local anaesthetic.
15. PAOO (Periodontally Accelerated Osteogenic Orthodontics) is sometimes recommended in patients who have inadequate bone volumes around the roots of their teeth. This surgical intervention at the onset of orthodontics, will usually reduce the treatment time. Such patients are commonly seen 2-3 weekly instead of the usual 8-12 weekly appointments. PAOO patients therefore have the same number of visits as a normal orthodontic patient but over a much shorter time. Since the orthodontic fee is usually spread over a longer period, such patients will usually be making monthly payments long after the active phase of treatment is over.
16. General medical problems, smoking and medication can affect the orthodontic treatment. You should keep your orthodontist informed of any allergies or changes in you medical health. Some patients may be allergic to the orthodontic appliance components such as titanium or latex. Do not hesitate to consult with your orthodontist on any matter, which causes concern.

WHEN WILL THE BRACES BE REMOVED?

At the first consultation, a time is estimated for the completion of the treatment. Sometimes a patient's response is of such nature that the teeth move faster than anticipated and results are achieved sooner, in which cases the braces can be removed sooner. In other cases, if progress is not as planned, treatment will continue until the teeth have moved into the correct position. The treatment period also depends on the patient's growth, habits and co-operation of the patient, for example the non-wearing of elastics, breakages and missed appointments. The enamel of teeth or restorations may be damaged when the braces are removed, particularly with the removal of tooth-coloured braces. If such damage occurs your dentist may need to restore the involved teeth.

Note: Referral to your family dentist or another dental or medical specialist for further treatment may be necessary and the fees for these services are not included in the cost for the orthodontic treatment. The risks and details of these treatments should be discussed with the relevant professional.

PATIENT SIGNATURE (12 years and older)

DATE

PARENT/ GUARDIAN SIGNATURE



orthodontics

Make & Manage Your Booking Online:
www.hugoorthodontics.com or (011) 475 1320/1

Floracliffe | (011) 475 1320/1 | Mon - Sat
3 Carnation Street (Behind Flora Clinic)

PO Box 5532, Weltevreden Park, 1715
Practice Number: 6400787

1. ORTHODONTIC OPTIONS INCLUDING THEIR ADVANTAGES & DISADVANTAGES

1.1 NO TREATMENT: Patients can consider having no treatment . Having braces to make your teeth straight is a choice you must make.

Advantages: Cost saving, retention of the original personality of your mouth, no orthodontic discomfort, easier to brush your teeth without braces

Disadvantages: Crowded teeth more difficult to clean, Deep Bite patients are more prone to damage of their teeth from grinding, tipped teeth are more prone to gum disease and bone loss, some malocclusions can be unsightly, if implants are needed they cannot be placed correctly without orthodontics

1.2 FULL BRACES:

Advantages: This is the most effective way of achieving a good result and most cases can be treated with Metal or Ceramic braces on the outside of the teeth (Labial orthodontics). Braces can also be placed behind the top teeth (Lingual orthodontics)

Disadvantages: It is much more difficult to brush & floss your teeth properly with braces on and special care and attention must be given to this area

Prolonged treatment can occur usually as a result of imperfect patient cooperation with the appliance, such as elastic wear & braces
See list of problems, which may be encountered above

1.3 RETAINERS: It is a realistic option to simply prevent the problem from getting worse by wearing retainers

Advantages: Cost saving, reduction of problems associated with bruxing (grinding the teeth), Slight improvements are possible

Disadvantages: Significant improvements can only be made in some cases with very expensive laboratory made appliances (Invisalign), which are not as effective as braces and cost at least twice as much

2. RETENTION

After completion of treatment a retention phase will be necessary to avoid relapse. It is important to wear a retainer as follows:

- For the first week: full time, except when eating, drinking and brushing.
For the second week: afternoons and nights.
For the rest of the first year: sleeping hours at night.
For the second year: every second night.
It is very important to keep checking the retainer and to wear as necessary for the rest of your life if they feel tight.
Should your retainer break it is very important to contact us to arrange for a new one to be made

Injury from Orthodontic Appliances

Activities or foods which could damage, loosen or dislodge orthodontic appliances need to be avoided. Loosened or damaged orthodontic appliances can be inhaled or swallowed or could cause other damage to the patient. You should inform your orthodontist of any unusual symptoms or of any loose or broken appliances as soon as they are noticed. Damage to the enamel of a tooth or to a restoration (crown, bonding, veneer, etc.) is possible when ortho dontic appliances are removed. This problem may be more likely when esthetic (clear or tooth colored) appliances have been selected. If damage to a tooth or restoration occurs, restoration of the involved tooth/teeth by your dentist may be necessary.

I acknowledge that the orthodontic surgery is a "parent-free zone" and that if I wish to communicate with Dr Hugo or the clinical staff members, this will be done after my child's appointment in a discussion area. Nervous children do not cope better when their parents are present. Furthermore, the presence of other patients in the surgery receiving treatment needs to be respected.

I hereby confirm that I, the undersigned am the patient (12 years and older) named above or the parent or legal guardian of the patient named above and that I have read and understood the informed consent brochure, the treatment report and quote/s provided to me. I also hereby give my consent to Dr Hugo and his staff to provide orthodontic treatment to the patient named above. In addition I consent to the use of TADS (Temporary anchorage devices), Laser trimming of the gums or Laser tooth exposure and to administration of local anaesthetic in this patient. I further acknowledge that Dr Hugo may refer this patient to dentists or other medical and dental specialists and that Dr Hugo carries no responsibility or liability for procedures performed on this patient by such dentists or medical and dental specialists.

3. CONSENT

I hereby confirm that I, the undersigned am the patient (12 years and older) named above or the parent or legal guardian of the patient named above and that I hereby confirm the following:

That the various options I have, with regard to my orthodontic problem (as summarized in 1 above), have been explained to me and that I understand that this includes the option of not having orthodontics and the advantages and disadvantages of all these options

I hereby give permission for the use of orthodontic records, including photographs taken in the process of examination, treatment and retention for purpose of professional consultations, research, education or publication in professional journals:

That I have been informed and am aware of the retention phase after completion of treatment, and that retention appliances are to worn as described in 2 above

That I hereby authorize Hugo Orthodontics to disclose ICD-10 codes and other relevant information to third parties such as Medical schemes and relevant medical and dental practitioners.

That if Oral hygiene is inadequate, the treatment will be discontinued to limit the damage to the enamel

When there are missing teeth these will often need to be replaced by bridges or implants. In some cases such spaces may be successfully closed, but even with long-term retention, small spaces may tend to open up, which may need to be closed with tooth-coloured composite additions to the teeth by the dentist

When there are missing teeth, we will usually place temporary teeth on the braces but these can only be placed once we have progressed to thick archwires and even then these temporary teeth are a bit wobbly and the patient cannot chew on them

After the braces are removed, we will usually glue temporary plastic teeth into the gap and although these sometimes last quite long, the second time they come loose, we will insist that you go to your dentist to get a more permanent solution that the dentist will maintain

When teeth are abnormally small or have an imperfect shape such teeth will need to be built up by the dentist after treatment to get rid of small gaps between the incisal edges of the teeth

PATIENT SIGNATURE (12 years and older)

DATE

PARENT/ GUARDIAN SIGNATURE



o r t h o d o n t i c s

Make & Manage Your Booking Online:
www.hugoorthodontics.com or (011) 475 1320/1

Floracliffe | (011) 475 1320/1 | Mon - Sat
3 Carnation Street (Behind Flora Clinic)

PO Box 5532, Weltevreden Park, 1715
Practice Number: 6400787

4. ORTHODONTIC ACCOUNT

- An **initial fee** is charged the day of the banding. The balance of the amount is divided equally in monthly installments.
- You are **personally responsible** to find out before treatment commences whether your medical aid scheme has approved your treatment, and what your annual limit is for orthodontics.
- The **number of visits** does not correlate with the monthly installments. You are charged for the full treatment and not the number of times the patient visits the surgery. We see the patient every 10-12 weeks, but the installments are charged on the 20th of each month.
- You are quoted a **fixed amount** for the treatment. Should the treatment be completed before the monthly debits have run their course, the balance of the fee will still be due and the monthly debits will continue to be billed
- Conversely, should the treatment take longer than the estimated period, no extra fee will be charged, provided we are receiving the **required cooperation** from the patient. (Remember you pay for the treatment and not for every visit.)
- A fee will be charged if an **appointment is not kept**, or has not been cancelled within 48 hours.
- It is your responsibility to make a follow-up appointment
- **All breakages will be charged for, regardless of the cause of the breakage.**
- Please note that our quote does not include the surgeon's fees, should any jaw surgery take place.
- The **main member** of the medical scheme is liable for payment of the account, irrespective of the benefit structure of his/her medical aid scheme.
- We do submit your accounts to your **medical aid** every month; however it remains your responsibility to make sure that the medical aid has received the accounts, and to follow up should there be a problem. If you prefer to personally send your account to the medical aid, please inform us in writing.
- The onus is on you to inform us if you have not received an account.
- We will not undertake to continually remind you if your account is in arrears. It is your responsibility to **check your account** every month.
- Please note that some Medical Aids only pay for one stage of treatment and some others deduct the first stage fee from the second stage medical aid contribution.

- If a **credit** occurs owing to duplicate payments, we will refund you on your request.
- In the event of **Dr Hugo's death or disability** prior to the completion of treatment, or if the patient moves elsewhere the following will apply:
 1. Any outstanding monthly debits will be discontinued and you will be referred to or will be asked to seek an orthodontist elsewhere.
 2. The orthodontist to whom you go will in no way be obligated to continue treatment for the balance of the fee quoted.
 3. Dr Hugo or the Estate will not be liable for any fees charged by the Orthodontist who continues/completes the treatment.
 4. Patients who paid the entire active treatment fee at the start of treatment, will be reimbursed pro-rata according to the timeline as per the quoted payment plan
- I agree that it is in the best interest of the patient that if the account is 90 days in arrears, the treatment should be discontinued, as opposed to imposing a 'no active treatment regimen'
- When braces are removed prematurely, retainers will be made if necessary and treatment will recommence with a new quote when the oral hygiene is adequate or when patient is in a financial position to continue treatment
- **Should your account be handed over for collection, you will be liable for the full amount plus legal costs.**
- **BITE DISCREPANCY:** Sometimes a patient presents with a habitual bite position, which masks the true nature of the patient's problem. If such a discrepancy becomes evident during orthodontic treatment, we will not change the quoted fee, but the treatment will become more complicated, take longer and it may even be necessary for Dr Hugo to recommend jaw surgery to achieve the ideal result.
- **RIGHT TO REFER:** We enjoy our work and take pride in the quality of the service we provide, but we know that it is not always possible to please everyone. In the unlikely event of the patient being unhappy with our service & we are unable to satisfy the patient's expectations, we will provide the patient with the contact details of other orthodontic practices & insist that the patient seeks treatment at another practice. Equally the patient has the right to request such a transfer at any stage. Monthly debits will be stopped at the end of the month of the patient's last visit, but no fees charged will be reversed. It is important to note that the orthodontist, to whom a patient may choose to transfer, will not be obliged to continue the treatment for the fee quoted by us.

PATIENT SIGNATURE (12 years and older)

DATE

- I hereby confirm that I am the **person responsible for the account**, that have read the enclosed treatment fee letter and I agree to the conditions of payment set out therein and those listed above.
- I confirm that I have received a copy of this document.

ACCOUNT PAYER'S SIGNATURE

DATE