



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

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3 Carnation Street (Behind Flora Clinic)

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

The adult patient, parent or legal guardian of the patient named below is hereby informed that Hugo Orthodontics has determined that it is in the best interests of this patient to remove the braces prior to the completion of treatment for the one or more of the following reasons and your attention is drawn to the consequences and conditions noted below:

- 1. There is inadequate patient cooperation with the orthodontic treatment which will result in a protracted treatment and a compromised result, with associated risks and dangers of the prolonged presence of appliances in an environment where no progress is made
2. The oral hygiene is poor or imperfect which can be damaging to the teeth and periodontal structures
3. On request from the adult patient, parent or guardian that the treatment is discontinued without surgery to the jaws required to position the teeth and jaws in the correct relationship
4. On request from the patient, parent or guardian that the braces are removed prior to the completion of treatment
5. As part of the Planned treatment. Orthodontics will resume prior to jaw surgery (usually at the end of growth)

The following is a non-exhaustive list of the risks and dangers associated with 1,2,3 and 4 above:

- a) Unsatisfactory occlusion - When the braces are removed prior to completion of treatment there may still be any of a number of occlusal imperfections which can lead to any or all of the following problems:
- Abnormal or excessive wear of the teeth
- Traumatic occlusion with the lower incisors impinging on the palatal mucosa
- Unsatisfactory chewing, speaking or swallowing
- Anterior or posterior crossbites
- Anterior or posterior open bites
- An unstable occlusion with a significantly increased dependence on retention
b) Root resorbtion - Shortening of the roots is more likely to occur with prolonged treatment
c) Decalcification - Marking of the teeth is associated with poor or imperfect oral hygiene
d) Gingival hypertrophy - Swollen gums as a result of poor brushing and or mouth-breathing making it even more difficult for the patient to brush adequately
e) Periodontal problems - Recession of the bone and gums around the teeth or the formation of infra-bony pockets which can lead to infections and disease of the gums
f) Temporomandibular joint problems - Joint discomfort, pain, clicking or 'locking' of the jaw
g) Inadequate or incorrect spacing for implants - This may necessitate bridging instead of implant placement

6. The patient may be given another chance in the case of 1&2 above, unless it is deemed that the oral hygiene environment to be unfavourable enough to warrant the immediate removal of the braces. If the braces are not removed, and at a subsequent visit unfavourable conditions still persist, Hugo Orthodontics will remove the appliance at that visit.

- 7. Full records will be taken prior to the removal of the braces to document the problem for future reference, for which a fee will be charged
8. A retainer will be placed if Dr Hugo deems such to be in the patient's best interest, for which a fee will be charged
9. The monthly debits will be stopped
10. Follow up visits will be scheduled for which a consultation fee will charged to determine when and if it is in the patient's best interest to resume treatment
11. A new treatment fee may be determined or the monthly debits may be resumed (at Dr Hugo's discretion)

I hereby confirm that I, the undersigned am the adult patient named above or the parent or legal guardian of the patient named above and that I have been informed and am aware of the reasons, consequences and conditions of removal of the braces prior to completion of treatment.

Patient Name: _____ Date: _____

Patient Signature: _____ Witness Signature: _____

Witness Name: _____