

KNAPP ORTHODONTICS, LLC RECURRING PAYMENT PLAN

Orthodontist: Knapp Orthodontics, LLC

Account #:

Responsible Name:	Patient Name:
Responsible Address:	Responsible SSN:
City, State, Zip:	E-mail:
Home #:	Patients Birthdate:
Cell #:	Work #:

Amount of Total Withdrawal	Monthly PaymentAmount	Final Payment Amount	Total Number of Monthly Withdrawals	Withdrawal Begin Date		
				Month	Day	Year
					5 or 20	

Initial: _____

Please select the primary and secondary accounts Knapp Orthodontics is to debit:

Primary Account	Secondary Account
<input type="checkbox"/> Checking <input type="checkbox"/> Savings Name(s) as it appears on your account Bank Account # Routing #	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Name(s) as it appears on your account Bank Account # Routing #
<input type="checkbox"/> Credit Card* Card Type *3% Debit/Credit Card Fee - Added onto your automatic monthly withdrawal* Credit Card # Expiration Date CVV	<input type="checkbox"/> Credit Card* Card Type *3% Debit/Credit Card Fee - Added onto your automatic monthly withdrawal* Credit Card # Expiration Date CVV

KNAPP ORTHODONTICS, LLC EFT AUTHORIZATION

I hereby authorize Knapp Orthodontics, LLC, to initiate debit entries to the account(s) indicated above (of which I am an authorized signer) via electronic funds transfer (EFT). I understand that beginning on the date listed above, Knapp Orthodontics, LLC will begin withdrawals from my bank or credit card account. Such withdrawals will continue each month until the entire balance, provided to Knapp Orthodontics, LLC, is paid in full. I understand that Knapp Orthodontics, LLC is debiting funds from my account for payment to the Orthodontist, for professional services rendered, and that the name Knapp Orthodontics, LLC may/will appear on my monthly statement. I understand my final payment may be slightly more or less than the Monthly Payment Amount listed above, but will not exceed the balance of the account.

I further agree that should Knapp Orthodontics, LLC be notified that funds are not available in my bank account (NSF, closed account, etc.) or that a charge to my bankcard is denied, a \$25 fee will be charged by Knapp Orthodontics, LLC and/or any fees charged by any financial institution to Knapp Orthodontics will be charged back to myself. I agree that if funds are not available from the account I choose as primary, Knapp Orthodontics can attempt to secure funds from my secondary account. If no secondary account is provided, Knapp Orthodontics can re-draft or try again against my primary account until the entire amount owed has been paid in full. I understand that if I choose to discontinue this method of payment I must notify Knapp Orthodontics, LLC a minimum of 7 days prior to my scheduled debit date. I also authorize Knapp Orthodontics, LLC to contact me at any of the telephone numbers listed above.

As Knapp Orthodontics offers interest free extended financing (excluding transaction fees for non-ACH accounts), I understand should my payment fail twice in any 12-month period, Knapp Orthodontics will require the full remaining account balance (including late fees and charges) to be paid in full prior to the final active treatment appointment upon which active treatment is deemed completed (including but not limited to: removal of braces, appliances, and attachments). In this case the interest free extended payments will not extend beyond the date of appliance removal.

Signature: _____

Date: _____

INFORMED CONSENT for the Orthodontic Patient

Results of Treatment

Orthodontic treatment usually proceeds as planned, and we intend to do everything possible to achieve the best results for every patient. However, we cannot guarantee that you will be completely satisfied with your results, nor can all complications or consequences be anticipated. The success of treatment depends on your cooperation in keeping appointments, maintaining good oral hygiene, avoiding loose or broken appliances, and following the orthodontist's instructions carefully.

Length of Treatment

The length of treatment depends on a number of issues, including the severity of the problem, the patient's growth, and the level of patient cooperation. The actual treatment time is usually close to the estimated treatment time, but treatment may be lengthened if, for example, unanticipated growth occurs, if there are habits affecting the dentofacial structures, if periodontal or other dental problems occur, or if patient cooperation is not adequate. Therefore, changes in the original treatment plan may become necessary. If treatment time is extended beyond the original estimate, additional fees may be assessed.

Discomfort

The mouth is very sensitive, so you can expect an adjustment period and some discomfort due to the introduction of orthodontic appliances. Non-prescription pain medication can be used during this adjustment period.

Relapse

Completed orthodontic treatment does not guarantee perfectly straight teeth for the rest of your life. Retainers will be required to keep your teeth in their new positions as a result of your orthodontic treatment. You must wear your retainers as instructed or teeth may shift, in addition to other adverse effects. Regular retainer wear is often necessary for several years following orthodontic treatment. However, changes after that time can occur due to natural causes, including habits such as tongue thrusting, mouth breathing, and growth and maturation that continue throughout life. Late in life, most people will see their teeth shift. Minor irregularities, particularly in the lower front teeth, may have to be accepted. Some changes may require additional orthodontic treatment or, in some cases, surgery. Some situations may require non-removable retainers or other dental appliances made by your family dentist.

Extractions

Some cases will require the removal of deciduous (baby) teeth or permanent teeth. There are additional risks associated with removal of teeth which you should discuss with your family dentist or oral surgeon prior to the procedure.

Orthognathic Surgery

Some patients have significant skeletal disharmonies which require orthodontic treatment in conjunction with orthognathic (dentofacial) surgery. There are additional risks associated with this surgery which you should discuss with your oral and/or maxillofacial surgeon prior to beginning orthodontic treatment. Please be aware that orthodontic treatment prior to orthognathic surgery often only aligns the teeth within the individual dental arches. Therefore, patients discontinuing orthodontic treatment without completing the planned surgical procedures may have a malocclusion that is worse than when they began treatment.

Decalcification and Dental Caries

Excellent oral hygiene is essential during orthodontic treatment, as are regular visits to your family dentist. Inadequate or improper hygiene could result in cavities, discolored teeth, periodontal disease, and/or decalcification. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances. These problems may be aggravated if the patient has not had the benefit of fluoridated water (or its substitute) and/or the patient consumes sweetened beverages or foods.

Gum Recession

Some tooth roots have prominences and/or are surrounded by thin gum and bone tissues. Care is used by orthodontist to place tooth roots in a good position to support the tooth. However, sometimes before, during, or after tooth movement, the gum tissue may recede due to tooth position and thin areas of the gums and bone. Exposure of the root surface can be associated with tooth sensitivity. If this occurs, a "gum graft" may be recommended to partially or completely cover the root surface.

Root Resorption

The roots of some patients' teeth become shorter (resorption) during orthodontic treatment. It is not known exactly what causes root resorption, nor is it possible to predict which

patients will experience it. However, many patients have retained teeth throughout life with severely shortened roots. If resorption is detected during orthodontic treatment, your orthodontist may recommend a pause in treatment or the removal of the appliances prior to the completion of orthodontic treatment.

Nerve Damage

A tooth that has been traumatized by an accident or deep decay may have experienced damage to the nerve or the tooth. Also, the nerve of a tooth may die for no apparent reason, and this is known as "spontaneous pulpal necrosis." Orthodontic tooth movement may, in some cases, aggravate these conditions and cause root canal treatment to be necessary. In severe cases, the tooth or teeth may be lost.

Periodontal Disease

Periodontal (gum and bone) disease can develop or worsen during orthodontic treatment due to many factors, but most often due to the lack of adequate oral hygiene. You must have your general dentist, or a periodontist if indicated, monitor your periodontal health during orthodontic treatment every three to six months. If periodontal problems cannot be controlled, orthodontic treatment may have to be discontinued prior to completion.

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 orthodontic 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 tooth/teeth by your dentist may be necessary.

Headgear

Orthodontic headgear can cause injury to the patient. Injuries can include damage to the face or eyes. In the event of injury, especially an eye injury, however minor, immediate medical help should be sought. Refrain from wearing headgear in situations where there may be a chance that it could be dislodged or pulled off. Sports activities

Patient or Parent/ Guardian Initials _____

and games should be avoided when wearing orthodontic headgear.

Temporomandibular (Jaw) Joint Dysfunction

Problems may occur in the jaw joints (i.e., temporomandibular joints (TMJ)), causing pain, headaches, or ear problems. Many factors can affect the health of the jaw joints, including past trauma (blows to the head or face), arthritis, hereditary tendency to jaw joint problems, excessive tooth grinding or clenching, poorly balanced bite, and many medical conditions. Jaw joint problems may occur with or without orthodontic treatment. Any jaw joint symptoms, including pain, jaw popping, or difficulty opening or closing, should be promptly reported to the orthodontist. Treatment by other medical or dental specialists may be necessary.

Impacted, Ankylosed, and Unerupted Teeth

Teeth may become impacted (trapped below the bone or gums), ankylosed (fused to the bone), or just fail to erupt. Oftentimes, these conditions occur for no apparent reason and generally cannot be anticipated. Treatment of these conditions depends on the particular circumstance and the overall importance of the involved tooth, and may require extraction, surgical exposure, surgical transplantation, or prosthetic replacement.

Occlusal Adjustment

You can expect minimal imperfections in the way your teeth meet at the end of treatment, and so an occlusal equilibration procedure adjusting the height of your teeth may be necessary to fine-tune your bite. Before and during treatment, it may also be necessary to reshape the area between select teeth with a procedure called Interproximal Reduction (IPR). This recontouring (slenderizing) procedure removes a small amount of enamel between certain teeth improving their shape and size. This is done to create space for improved tooth placement to fit the shape and size of your jaws and/or to improve stability. In some cases, this treatment may occasionally lead to a sensitive tooth or teeth.

Non-Ideal Results

Due to the wide variation in the size and shape of the teeth, missing teeth, etc., achievement of an ideal result (for example, complete closure of a space) may not be possible. Restorative dental treatment such as esthetic bonding, crowns or bridges, or periodontal therapy, may be indicated.

Third Molars

As third molars (wisdom teeth) develop, your teeth may change alignment. Your dentist and/or orthodontist should

monitor them in order to determine when and if third molars need to be removed.

Allergies

Occasionally, patients can be allergic to some of the component material of their orthodontic appliances. This may require a change in treatment plan or discontinuance of treatment prior to completion. Although very uncommon, medical management of dental material allergies may be necessary.

Transmission of Disease

Although our orthodontic office is following the State and Federal regulations and recommended universal personal protection and disinfection protocols to prevent transmission of communicable disease, it is possible that they will not always be successful in blocking the transmission of a highly infectious virus. It is not possible to render orthodontic treatment with social distancing between the patient, orthodontist, assisting staff and sometimes, other patients. Knowing that you could be exposed to communicable diseases anywhere, by presenting yourself or your child for orthodontic treatment, you assume and accept the risk that you may inadvertently be exposed to a communicable disease in the orthodontic office.

General Health Problems

General health problems such as bone, blood, or endocrine disorders, and many prescription and non-prescription drugs (including bisphosphonates), can affect your orthodontic treatment. It is imperative that you inform your orthodontist of any changes in your general health status.

Use of Tobacco Products

Smoking or chewing tobacco has been shown to increase the risk of gum disease and interfere with healing after oral surgery. Tobacco users are more prone to oral cancer, gum recession, and delayed tooth movement during orthodontic treatment. If you use tobacco, you must carefully consider the possibility of a compromised orthodontic result.

Temporary Anchorage Devices

Your treatment may include the use of a temporary anchorage device(s) (i.e., metal screw or plate attached to the bone). There are specific risks associated with them.

It is possible that the screw(s) could become loose which would require its/their removal and possibly relocation or replacement with a larger screw. The screw and related material may be accidentally swallowed. If the device cannot be stabilized for an adequate length of time, an alternate treatment plan may be necessary.

It is possible that the tissue around the device could become inflamed or infected, or the soft tissue could grow over the device, which could also require its removal, surgical excision of the tissue, and/or the use of antibiotic or antimicrobial rinses.

It is possible that the screws could break (i.e., upon insertion or removal). If this occurs, the broken piece may be left in your mouth or may be surgically removed. This may require referral to another dental specialist.

When inserting the device(s), it is possible to damage the root of a tooth or a nerve, or to perforate the maxillary sinus. Usually these problems are not significant; however, additional dental or medical treatment may be necessary.

Local anesthetic may be used when these devices are inserted or removed, which also has risks. Please advise the doctor placing the device if you have had any difficulties with dental anesthetics in the past.

If any of the complications mentioned above do occur, a referral to your family dentist or another dental or medical specialist for further treatment may be necessary. Fees for these services are not included in the cost for orthodontic treatment.

Diagnostic Records

By consenting to orthodontic treatment, you consent to the making of necessary orthodontic records, including x-rays, before, during, and following the provision of care.

Orthodontic Staff

Where appropriate, office staff may be directed to perform portions of orthodontic treatment as prescribed and directed by the treating orthodontist(s).

Release of Patient Information

By consenting to orthodontic treatment, you consent to the practice sharing information regarding your orthodontic care for any "permitted use and disclosure" (ex. for treatment activities of a health care provider) as defined in the HIPAA Privacy Rule. For other uses, our practice will obtain an Authorization prior to making a disclosure. See 45 CFR § 164.506 and/or our practice's Privacy Policy and Procedures for additional information.

Transferring Patient

Orthodontic treatments vary widely. Transfer will likely increase treatment fees, may involve changes in payment policies, and may change your treatment and/or appliances. When you transfer to a new orthodontist, your treatment time is often extended by the process of the transfer.

Patient or Parent/ Guardian Initials _____

Patient or Parent/ Guardian Initials _____

Date _____

Orthodontist Initials _____

Acknowledgment and Consent to Undergo Orthodontic Treatment

I hereby acknowledge that I have read and fully understand the treatment considerations and risks presented in this form. I also understand that there may be other problems that occur less frequently than those presented, and that actual results may differ from the anticipated results. I also acknowledge that I have discussed this form with the undersigned orthodontist(s) and have been given the opportunity to ask any questions. I have been asked to make a choice about my treatment. I hereby consent to the treatment proposed and authorize the orthodontist(s) indicated below to provide the treatment. I also acknowledge my orthodontist(s) may use my health care information for permitted uses. I understand that my treatment fee covers only treatment provided by the orthodontist(s), and that treatment provided by other dental or medical professionals is not included in the fee for my orthodontic treatment.

Signature of Patient/ Parent/ Guardian_____
Name of Patient/Parent/Guardian (Print)_____
Date_____
Signature of Orthodontist_____
Name of Orthodontist (Print)_____
Date_____
Signature of Witness_____
Name of Witness (Print)_____
Date**If signed by an individual other than the patient, please complete the following:****I have the legal authority to sign on behalf of**_____
Name of Patient (Print)_____
Name of Parent/ Guardian (Print)_____
Relationship to Patient (Print)

IMPORTANT INFORMATION

There is **no relationship between the monthly fee for orthodontic services and the monthly visits**. Two to twelve weeks may elapse between visits. All payments are due on the 5th or 20th of each month. Additionally, **the number of payments does not correlate with the length of treatment**. Payments may continue after the braces have been removed to fulfill the contract.

If an account balance or payment is not paid on time, interest will accrue on the full unpaid balance at the rate of 8% per annum, or the maximum rate allowed by law on the outstanding balance until paid in full. **Treatment will be discontinued and appliances removed if accounts become more than 90 days delinquent.**

Any portion of the treatment fee not paid by the insurance company will become your responsibility. It should be understood that YOU (not your insurance company) are responsible for the full orthodontic fee. We will be happy to assist you in claiming your orthodontic benefits through your insurance plan, as noted elsewhere regarding insurance policies in our office. If the insurance company becomes sixty days delinquent, you will immediately become responsible for the delinquent amount and will be reimbursed, if and when, the insurance company makes payment. Please note: we are happy to initially file any necessary claims, but further issues, changes and nonpayment from your insurance company will be your responsibility.

INITIAL _____

This fee does not include any charges made by your dentist or any other dental specialists involved in your treatment. (Cleanings, x-rays, extractions, exposures, etc.)

One set of upper and lower clear Essix retainers are included. A lingual bonded retainer on the lower arch is included and will be bonded if hygiene and tooth position are acceptable. A lingual bonded retainer on the maxillary central incisors will only be included in the price if the patient began with a space between their two upper front teeth. Excluded are the cost of replacement for lost or broken appliances, home care products, excessive broken braces or appliances and extended treatment time.

In the event that collection procedures are instituted hereon, I agree to pay the full unpaid balance due on my account, plus costs of any collection agency used for the collection up to an additional 40% of the unpaid balance due, plus all expenses of collection including court costs and a reasonable attorney fee, if such is incurred.

INITIAL _____

VISITING YOUR DENTIST

I understand that during orthodontic treatment, **regular visits to my dentist are an essential part of the orthodontic patient's treatment**. These visits may be necessary every 3-6 months dependent upon the recommendation of Dr. Knapp, the dentist or the hygienist. Regular dental visits are necessary for cleanings, along with detection of cavities or bone and gum problems. Certain problems, such as cavities or bone loss, can only be evaluated by special x-rays taken at the dentist's office. I understand that damage can occur to the teeth, bone and gum tissue if regular dental visits are not kept. I also understand that cleanings and diagnosis for cavities and periodontal disease are not part of the service provided by Knapp Orthodontics, LLC or any employee of the practice.

I understand that white spot lesions are the result of improper or inadequate brushing techniques and/or the consumption of sugary or acidic products. Knapp Orthodontics will encourage improved oral hygiene as possible, but it is ultimately the patient's responsibility.

I also understand that Dr. Knapp has the right to remove the braces before orthodontic treatment is completed if the patient is not maintaining regular dental visits or if Dr. Knapp feels that additional damage will occur to the teeth if the braces are left in place. A refund may not be provided should this occur. Please initial if you understand the information listed above.

INITIAL _____

DAILY FLUORIDE USE

It is very important that, in addition to brushing at least 3 times daily for 2 minutes and flossing once per day, fluoride be used every night prior to going to bed. This is a recommendation of the American Association of Orthodontists based on years of research. The fluoride helps to protect the teeth and kill bacteria that can cause decalcification (destruction of the tooth). Without the use of this fluoride, the risk of tooth damage increases, resulting in white spots, scars or cavities on the teeth. Please make sure that the use of this fluoride is not discontinued during orthodontic treatment. Fluoride is not a substitute for good brushing but is a companion to good brushing.

INITIAL _____

I HEREBY CERTIFY, that I have read and received a copy of the foregoing disclosure statement this _____ day of _____, and agree to the terms thereof.

Signature: _____

Relation: _____

Print Name: _____

Date: _____

Insurance Policies and Procedures

Knapp Orthodontics, LLC will provide two services regarding your insurance policy(s):

1. We will verify insurance policy benefits and relay this information to you as it has been told to us at the time of your exam. This information is only as accurate as the representative that we speak with.
2. We will file the appropriate claims as outlined in your policy. We are not responsible for payment/nonpayment from your insurance company. If the insurance company becomes 60 days delinquent, you will be responsible for the delinquent amount and will be reimbursed if and when the insurance company makes payment.

We have no control over your contractual agreement with your insurance company. If your insurance company does not fulfill their obligation for any reason, the policyholder is responsible and must contact the insurance company to resolve the issue. Further payments later forwarded by your insurance company will be refunded to you if your account has been paid. Should you change jobs or lose/drop your insurance, payments may stop. The remaining balance will become your responsibility.

****In summary, we will ONLY verify benefits and file claims. Any other interactions or conflicts must be resolved by you, the policyholder. ****

Initial: _____

Office Policies

Missed Appointments

Appointments are scheduled based on something called “Doctor Time”. This basically means that it has been determined, based on the type of appointment, how much time is required by the orthodontist and how much time is required by the orthodontic assistant to take care of the patient’s needs. Even though each chair is filled, the orthodontist is never scheduled to be in two places at the same time. We are often asked if we can squeeze someone in, but this does not work because an unscheduled patient that is squeezed into the schedule will cause a traffic jam which would result in someone else waiting 15-30 minutes for their scheduled appointment.

For this reason, should you miss an appointment, unless we have an opening due to a cancellation, it could be as long as 4-5 weeks before another appointment will be available. If you need to be seen sooner than this, we can usually make arrangements to see you **during school hours** when we do not see as many patients. Also, should you leave our office without making an appointment or receiving a text message with your next appointment, we may not have an opening during the time frame that the doctor wanted to see the patient. As you can see, missed appointments can result in prolonging the patient’s treatment.

Tardiness

Our office strives to see all of our patients at their appointed times. Sometimes, we fall behind for no obvious reasons. Sometimes a parent requires additional time for explanation or a patient requires additional tooth brushing instructions. You see, we try not to let anyone leave our office without knowing what has occurred during the visit and we also want to make sure that the patients are doing a proper job of taking care of their teeth. We have worked these circumstances into our schedule so that the schedule can stay fairly close to being on time.

Should a patient be scheduled for a 3:00 appointment and not arrive until 3:15 or later, it may not be possible to see them. Our appointments are scheduled on 20, 30, or 40 minute intervals and seeing this patient would mean that someone else that has arrived on time could not be seen at their appointed time. If seeing the late patient results in other patients being seen late, we will ask that the appointment be rescheduled. Of course, if there is any possibility of seeing the patient, we will. We do not want to inconvenience anyone. If you think that you are going to be late, give us a call and we will see what we can do for you.

Broken Brackets

Broken appliances are a part of orthodontic treatment. It goes with the territory. Sometimes the patient has received trauma to the mouth or maybe they just decided that it wouldn’t hurt to cheat a little on the “No Eats List”. The average patient will break one bracket during their course of treatment. Sometimes brackets will come loose while the patient is just sitting around, but this only happens if the brace has already been somewhat loosened at an earlier date but did not fully break free from the tooth.

We understand and do not get upset about it. But, we do want you to know that broken brackets will result in a delay in treatment. We also want you to know that any appointment that involves the placement of braces **must be done during school hours**. This is a long appointment which cannot be done before or after school, since everyone wants to be seen at this time. **ALL patients will be required to rotate the afternoon appointments after school or work, allowing all patients the opportunity to periodically take advantage of these times.**

INITIAL

Also, we let the patients know that the first 5 broken braces (5 times the normal breakage) are on us. After that, there will be a \$50.00 charge for each additional broken bracket. We will let them know each time a bracket or band is broken and how many more freebies they have before **THEY** have to pay for the appointment. **Broken brackets are also the number one reason we fall behind in our schedule so please call ahead to let us know if one of your brackets is broken so we can work the repair into our schedule.**

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Dental Visits and Cleanings

Our office will not be checking for cavities during the patient’s visit to our office unless it is very obvious without the use of x-rays. This is why it is important that the patient see their dentist every 3-6 months for cleanings and check-ups.

Some dental offices ask that the patients present to their office with the orthodontic wires removed so that the hygienist can do a better job of working around the braces. Some offices have special equipment that does not require that the wires be removed. If your dentist requests that the wires be removed, we will need to make arrangements with you for the patient to be seen in our office before and after the cleaning appointment.

We will try to make it as convenient for you as we possibly can. Also, we need to know at least 6 weeks in advance so that we can coordinate and schedule the appropriate appointments.

FAQs

How Long Will My Teeth Be Sore?

Expect the teeth to be somewhat tender the first few days after your braces are adjusted. This discomfort can last from a few days to a week or two. Take what you normally take for a headache or pain relief. The sooner you start chewing the faster you will adjust. Try not to baby the teeth.

Will The Inside of My Lips Be Sore Forever?

Expect from time to time that your cheeks and lips may become irritated. You will eventually build up a callous. If an ulcer forms, use the wax that we gave you and place it over the braces that seem to be causing the problem. The wax will stay in place even while eating if you make sure that the area is dry before putting the wax in place. Pull off a small piece, roll it up in a little ball and stick it over the braces. Call us if the issue does not resolve.

Do I Still Have To See My Dentist For Cleanings and Check-ups?

YES, YES, YES. Please continue to see your dentist for regularly scheduled cleanings. We would like to see you go at least every six months to stay on top of things. **This is very important.**

More Fluoride?!

You should try to use a fluoride rinse with no alcohol (Act, Crest, Listerine) EVERY night. Make it the last thing you do before getting in bed so that it does not get washed off while drinking water. We know that you probably have fluoride in your toothpaste but this is different. This will protect your mouth at night while you are sleeping. This helps if you are following our diet and stay away from soft drinks, which are very acidic and full of sugar. Remember, these are your teeth, please take care of them.

Why Did I Get This Space Between My Front Teeth?

Sometimes things look worse before they will look better. The teeth will move in different directions as the teeth are straightening out. You may see a space between your two front teeth that was never there before or teeth that seemed perfectly straight before the braces were placed may not seem as straight. Please be patient and things will start to improve. That space will close and those teeth will line up, I promise. In order to straighten the worst of the teeth, the straighter teeth may be pulled out of alignment but eventually they all work together to give you that great smile we are all working towards.

I Was Only Eating Mashed Potatoes When The Brace Broke Off!

Sometimes braces do not break off immediately after they are loosened. Sometimes that hard candy, bagel, or pizza crust weakens the glue but not enough for it to come off. The next thing you know the bracket pops off while you're sitting in class or eating white bread. The important thing is that you call us ASAP to let us know (not necessary on the weekends, haha). The brace does not necessarily have to be replaced right away but we want to know about it, even if you text or leave a voicemail. If you wait until the day of your appointment to tell us you have a brace off, we may not be able to fix it. If we know ahead of time, we can make arrangements.

My Teeth Are Loose, Is This Okay, Are They Going To Fall Out?

Your teeth will naturally start to feel loose as they begin to move. This is necessary to align your teeth. If they get too loose we will let you know, but this is rare.

How Much Longer Will The Braces Be On?

Remember the time we told you is a rough estimate. It could take a little longer or it may not take as long. A lot of what happens depends on you. If you do not wear the rubber bands, plan on adding time. If you break a lot of brackets, plan on adding time. If you miss some appointments, plan on adding time. Even if all goes smoothly, it could take a while longer. No two people have the same teeth that move the same way and we do not want to rush the final result. Asking at each visit, "How much longer" will not help you get your braces off any earlier. But, no one can blame you for trying!

The NO EATS List:

Gum

Gum

Sticky Things

Kraft Caramels
Caramel Apples
Candy Bars
Tootsie Rolls
Raisins
Milk Duds
Licorice
Laffy Taffy
Mike & Ikes
Starburst
Jolly Ranchers
Life Savers
ETC.

Hard Things

Ice
Popcorn
Nuts & Seeds
Hard Cookies
Hard Crackers
Jerky
Corn on the Cob
Raw Vegetables: Carrots
Hard Fruits: Whole Apples
Pens and Pencils
Hard Taco Shells
Bagels
Hard Rolls
Pizza Crust
Chips
Takis
Bottle Caps

In addition to all of the above comes the group called **SWEETS**. Sweets can be eaten but it is very important that you brush or rinse your mouth ***immediately*** after eating them. The sweets will not cause damage to your braces but they will cause damage to your teeth. This is how you get those white spots on your teeth while wearing braces. The worst of all the sweets are the soft drinks (Coke, Pepsi, Mountain Dew, etc.). It does not matter if the soft drink is diet or not, it will have the same effect on your teeth. We ask that you ***please*** try to ***stay away from soft drinks during your treatment.***

Should you have a bracket come loose before an appointment, **please call the same day that you find out that it is broken.** We are not going to be upset with you but we do want to make sure that we have enough time to fix it during your regularly scheduled appointment. Some broken brackets can wait to be fixed while others need to be repaired as soon as possible.

The last thing that we would like you to know is that when you ***bend your wires or knock a brace loose*** you run the risk of making your ***treatment take longer.*** If you ***chew gum*** before Dr. Knapp tells you that it is permitted, you may dislodge your initial wires, which are very flimsy, which means the ***treatment will take longer.*** If you cheat, you will only be cheating yourself in the end. Just remember these things from the start and you should finish your treatment on time.

We all want this to be a positive experience for you and we want to get the job done as quickly as we possibly can. This will only happen with your cooperation. Let's work together to give you the best possible smile in the shortest period of time.

***WE ARE VERY HAPPY THAT YOU HAVE CHOSEN US TO ASSIST
YOU IN CREATING A FANTASTIC SMILE!***



Photo/Video Release Form

(For use of photographic, video AND testimonial materials)

Participant's Name: _____

I hereby authorize Knapp Orthodontics to publish before and after FULL FACE/MOUTH photographs/videos taken of me or my child for use in their print publication, professional consultations, hung in their office, research, education, on their social media (Facebook, Instagram, etc.) and on their website. I understand that my name will be kept confidential.

I acknowledge that since my participation in publications, professional consultations, office display, research, education, social media and websites produced by Knapp Orthodontics is voluntary, I will receive no financial compensation.

I further agree that my participation in any publication, professional consultations, office display, research, education, social media, and website produced by Knapp Orthodontics confers upon me no right of ownership whatsoever.

I release Knapp Orthodontics, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

Participant's Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

I would like to decline the use of my photos or my child's photos:

Participant's Signature: _____ Date: _____



Clear Aligner Therapy Informed Consent

Benefits

- Clear aligners offer an aesthetic alternative to conventional braces for tooth movement.
- Aligners are nearly invisible so many people won't realize you are in treatment.
- Aligners allow for normal brushing and flossing tasks that are generally impaired by conventional braces.
- Aligners do not have the metal wires or brackets associated with conventional braces.

Risks and Inconveniences

Like other orthodontic treatments, the use of clear aligner products may involve some of the risks outlined below:

- Clear aligners are capable of producing minor to moderate movement of the teeth. They are not designed to correct major bite problems or close large spaces.
- **Failure to wear the appliances for the required number of hours per day (22 hours or more), not using the products and/or not using elastics as directed by your doctor, missing appointments, and atypically shaped teeth can lengthen treatment time and affect the ability to achieve the desired results.**
- **Failure to wear the appliances as prescribed may also allow dental relapse or other unwanted movements that require rescan and restarting the process, which can lead to increased treatment time and additional costs. DO NOT stop wearing aligners until speaking with Dr. Knapp.**
- Dental tenderness may be experienced after switching to the next aligners in the series.
- Gums, cheeks, and lips may be scratched or irritated.
- Teeth may shift position after treatment. Faithful retainer wear at the end of the treatment should reduce this issue.
- Tooth decay, periodontal disease, inflammation of the gums or permanent markings (e.g., decalcification) may occur if patient consumes foods or beverages containing sugar, does not brush and floss their teeth properly before wearing the clear aligner, or does not use proper oral hygiene and preventative maintenance.
- The aligners may temporarily affect speech and may result in a lisp, although any speech impediment caused by the clear aligner should disappear within one or two weeks.
- Aligners may cause a temporary increase in salivation or mouth dryness; certain medications may exacerbate.
- Teeth may require interproximal reduction (or slenderizing) to create space to allow tooth movement.
- General medical conditions and use of medications can affect orthodontic treatment.
- Health of the bone and gums which support the teeth may be impaired or aggravated.
- A tooth that has been previously traumatized or significantly restored may be aggravated. In rare instances the useful life of the tooth may be reduced, the tooth may require additional dental treatment such as endodontic and/or additional restorative work and the tooth may be lost.
- Existing dental restorations (e.g., crowns) may become dislodged and require re-cementations or in some instances replacement.
- **NEVER eat or drink (other than water) with aligners inserted. Severe damage and decay will occur.**
- Aligner breakage has a higher probability in cases with multiple missing teeth.
- In rare instances, problems may also occur in the jaw joint, causing joint pain, headaches, or ear problems.
- Allergic reactions may occur.
- **Teeth that are not at least partially covered by the aligner may move in an unplanned way.**
- **You will have attachments on your teeth (tooth-colored bumps) to aid in tooth movement.** These will be removed at the end of treatment.

***Switching to conventional braces or needing to make new appliances due to noncompliance will incur additional costs.**

Patient/Legal Guardian

Date

PRINT name

Doctor/Witness

Date