



LAND ORTHODONTICS

Dr. A Alexis Shrager, D.M.D.
Board Certified Specialist in Orthodontics and Dentofacial Orthopedics

Raleigh Office

8331 Bandford Way
Suite 105

Wakefield Office

12740 Spruce Tree Way
Raleigh, NC 27614
27501

Angier

30 South Dunn St.
Angier, NC

PATIENT INFORMATION

Patient's Full Name: _____

Nickname: _____ Date of Birth: _____ Age: _____ Sex: _____

Address: _____

Phone Number: _____ Email Address: _____

Tell us about your hobbies: _____

Do you have any siblings? If so, what age?: _____

Who May We Thank for Referring You?: _____

RESPONSIBLE PARTY INFORMATION

1.) Parent/Guardian Full Name: _____

Relationship to Patient: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email Address: _____

Employer: _____ Occupation: _____

2.) Parent's/Guardian's Full Name: _____

Relationship to Patient: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email Address: _____

Employer: _____ Occupation: _____

EMERGENCY CONTACT INFORMATION

Name of nearest relative not living with you: _____

Relationship: _____ Phone Number: _____

I have read and understand the above questions. I will not hold my orthodontist or any member of their staff responsible for any errors or omissions that I have made in the completion of this form. If there are any changes later to this history record or medical/dental status, I will inform this practice. I understand that, where appropriate, credit bureau reports may be obtained.

Patient/Parent/Guardian Signature: _____ Date: _____

DENTAL INSURANCE INFORMATION

1.) Insured Party's Full Name: _____

Relationship to Patient: _____ Date of Birth: _____

Insurance Company Name: _____ Phone Number: _____

Insured Party's ID or SSN: _____ Group Number: _____

Insurance Company Address: _____

2.) Insured Party's Full Name: _____

Relationship to Patient: _____ Date of Birth: _____

Insurance Company Name: _____ Phone Number: _____

Insured Party's ID or SSN: _____ Group Number: _____

Insurance Company Address: _____

PATIENT DENTAL HISTORY

Name of General Dentist: _____ Date of Last Cleaning: _____

Why are you seeking Orthodontic Treatment? _____

Have you ever had injuries to your face, mouth, or teeth, if so what age? _____

Have you ever sucked a thumb or finger(s), if so until what age? _____

Have you been informed of missing or extra teeth? Yes No

Have you had a consultation with another orthodontist? Yes No

Have you had prior orthodontic treatment? Yes No

Has a family member ever received orthodontic treatment? Yes No

How can we make your visits more enjoyable? _____

PATIENT MEDICAL HISTORY

Any major or unusual illnesses? Yes No _____

Are you currently under a physician's care? Yes No _____

Are you currently taking any medication? Yes No _____

Do you have any allergies or drug sensitivities? Yes No _____

Have you been treated for any of the following? Please check all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Sinus Issues |
| <input type="checkbox"/> Blood Disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Prolonged Bleeding | <input type="checkbox"/> Endocrine Issues | <input type="checkbox"/> Tonsillitis/Adenitis |
| <input type="checkbox"/> Hepatitis/Liver Disease | <input type="checkbox"/> Bone Disorders | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Mouth Breathing |
| <input type="checkbox"/> Heart/Lung Disease | <input type="checkbox"/> Herpes | <input type="checkbox"/> Emotional Problems |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Frequent Cough/Bronchitis |



LAND ORTHODONTICS

Acknowledgment of Receipt of Notice of Privacy Policies

I reviewed a copy of the Notice of Privacy Practices of Land Orthodontics. I hereby authorize, as indicated by my signature below, Land Orthodontics to use and to disclose my protected health information for any necessary clinical, financial, and insurance purposes, as authorized in the Patient Consent Form.

Patient Name: _____

Parent or Guardian Name: _____

Address: _____

Patient/Parent/Guardian Signature: _____

Preferred Method of Communication:

- You may contact me at my home/cell phone number: _____
- You may contact me at my email address: _____

Please list authorized persons with whom we may discuss your Protected Health Information (PHI). Please notify us if you wish to remove a name from this list in the future.

- 1.) Name: _____ Relationship: _____ Date: _____
- 2.) Name: _____ Relationship: _____ Date: _____
- 3.) Name: _____ Relationship: _____ Date: _____

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining the acknowledgment
- Other: _____

Staff Member Initials: _____

Date: _____



LAND ORTHODONTICS

MEDIA RELEASE CONSENT FORM

I consent that Land Orthodontics may use photographs or videos of me or my child on their social media tools and for research and educational purposes. These include, but are not limited to: Facebook, Instagram, TikTok, Study Club Presentations, Orthodontic Research Studies, and their website. I understand that these images and/or videos will not be used for any other commercial purposes.

I understand that this permission may be retracted at any point in time by providing written signed and dated notification to the office.

Patient's Name: _____ Date of Birth: _____

Printed Name of Parent or Guardian: _____

Signature of Patient/Parent/Guardian: _____ Date of Signature: _____

Land Orthodontics Representative: _____ Date of Signature: _____



Informed Consent for the Orthodontic Patient

Risks and Limitations of Orthodontic Treatment

Orthodontic and Dentofacial Orthopedics is the dental specialty that includes the diagnosis, prevention, interception, and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature oral facial structures. An orthodontist is a dental specialist who has completed at least two additional years of graduate training in orthodontics at an accredited university after graduation from dental school.

Successful Orthodontic Treatment is partnership between the orthodontist and the patient. The doctor and staff are dedicated to achieving the best possible result for each patient. As a general rule, informed and cooperative patients can achieve positive orthodontic results. While recognizing the benefits of a beautiful, healthy smile; you should also be aware that, as with all healing arts, orthodontic treatment has limitations and potential risks. These are seldom and do not occur frequently, but they should be mentioned. We will recommend the best treatment for each individual case; however, all patients should seriously consider the option of no orthodontic treatment at all by accepting their present oral condition. Alternatives to orthodontic treatment may vary with the individual's specific problem and prosthetic solutions or limited orthodontic treatment may be considerations. You are encouraged to discuss alternatives with the doctor prior to beginning treatment.

Orthodontic Treatment:

Orthodontic treatment usually proceeds as planned. 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 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 position 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, growth, and maturity that continue throughout life. Later 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.

Length of Treatment:

The length of treatment depends on a number of issues including 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.

Extractions:

Some cases may require the removal of deciduous (baby) teeth or some permanent teeth. There are additional risks and costs associated with the removal of the teeth. These should be discussed with your family dentist or oral surgeon prior to the procedure.

Orthognathic Surgery:

Some patients may 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, patient discontinuing orthodontic treatment without completing the planned surgical procedures may have a malocclusion that is worse than when they began.

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. The same problems can occur without orthodontic treatment, but the risk is greater to individuals wearing braces or other appliances. These problems may be aggravated if the patient has not has the benefit of fluoridated water, a fluoride substitute, or often consumes sweetened beverages or foods.

Root Resorption:

The roots of some patients' teeth become shorter (resorption) during orthodontic treatment. It is not known exactly what causes this, nor is it possible to predict which patients will experience it. However, many patient have retained teeth throughout their 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 appliance prior to the completion of orthodontic treatment. Severe resorption can increase the possibility of premature tooth loss.

Nerve Damage:

A tooth that has been traumatized by an accident or deep decay may have experienced damage to the nerve of the tooth. Orthodontic tooth movement may, in some cases, aggravate this condition. In some cases root canal treatment may be necessary. In severe cases, the tooth or teeth may be lost.

Periodontal Disease:

Periodontal (bone and gum) disease can develop or worsen during orthodontic treatment due to many factors, but most often due to the lack of adequate oral hygiene. You may have your general dentist, or if indicated, a periodontist to monitor your periodontal health during orthodontic treatment every 3-6 months. If periodontal problems cannot be controlled, orthodontic treatment may have to be discontinued prior to completion and can cause bone loss.

Injury From Orthodontic Appliances:

Activities or food that could damage, loosen, or dislodge orthodontic appliances need to be avoided. This can result in orthodontic appliances being inhaled or swallowed by 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 the tooth or a restoration (crown, bonding, veneer, etc.) is possible when orthodontic appliances are removed. The problem may be more likely with clear brackets are selected. Damage that may occur will need to be restored again by your dentist.

Headgear:

Orthodontic headgear can cause injury to the patient. Injuries can include damage to the face or eyes. Patients must remove the elastic force prior to removing the headgear from the mouth so that it does not spring back. Refrain from wearing headgear in situations where there may be a chance that it could be dislodged or pulled off. Sports activities and games should be avoided when wearing orthodontic headgear.

Length of Treatment:

The length of treatment depends on a number of issues including 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.

Temporomandibular Dysfunction:

Problems may occur in the jaw joints causing pain, headaches, or ear problems. Many factors can affect the health of the jaw joints including past facial traumas, arthritis, hereditary tendencies, excessive grinding and clenching, poorly balanced diet, 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 and closing should be promptly reported to the orthodontist. Treatment by other medical or dental specialists may be necessary.

Impacted and Unerupted Teeth:

Teeth may become impacted (trapped below the bone and gums), ankylosed (fused to the bone), or just fail to erupt. These conditions can occur for no apparent reason and generally cannot be anticipated. Impacted teeth can cause damage to adjacent teeth, as well as tooth loss. Treatment of these conditions depends on the particular circumstances and overall importance of the involved tooth. Treatment may require extractions, surgical exposure, surgical transplantation, or prosthetic replacement.

Occlusal Adjustment:

You can expect minimal imperfections in the way your teeth meet following the end of treatment. An occlusal equilibration may be necessary, which is a grinding method used to fine-tune the occlusion. It may also be necessary to remove a small amount of enamel in between the teeth, thereby, flattening surfaces in order to reduce the possibility of a relapse.

Non-Ideal Results:

Due to the wide variation in the size and the shape of teeth (including missing teeth), achievement of an ideal result (for example, complete closure of a space) may not be possible. Restorative dental treatment such as esthetic bonding, crowns, bridges, or periodontal therapy may be indicated. You are encouraged to ask your orthodontist and family dentist about adjunctive care.

Patient/Parent/Guardian Initials _____

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 these needs to be removed.

Patient Cooperation:

Lack of patient cooperation is the most common cause for compromised results. Instructions must be carefully followed. Oral hygiene, proper elastic wear, appliance care, headgear wear, and keeping regular appointments are where most problems arise. We encourage you to see your dentist every 3-6 months for cleaning during orthodontic treatment.

Non-Vital or Dead Tooth:

a non-vital or dead tooth is a possibility. A tooth that has been traumatized by trauma or other causes can die over a long period of time with or without orthodontic treatment. A non-vital tooth may flare up during orthodontic movement and require endodontic (root canal) treatment.

Growth Pattern:

Unusual skeletal patterns and undesirable growth can affect final orthodontic results. Surgical assistance is often recommended in these cases.

Special Circumstances:

Unusual Occurrences – swallowing appliances, chipping teeth, dislodging restorations, ankylosed teeth, abscess, or cyst may occur but they are rare.
Muscle Relaxation – when braces are placed, the jaw muscles relax allowing the lower jaw to seat into a correct position. This position may demonstrate a significant misalignment and require extractions and/or surgery to correct.

Tooth Size Problems – if the upper and lower teeth sized do not coordinate, some slenderizing or filing between the teeth or restoration of small teeth may be necessary.

Allergies:

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

Laser Treatment:

Laser treatment may sometimes be used to remove excess gum tissue. Should laser treatment be needed, results cannot be guaranteed.

General Health Problems:

General health problems such as bone, blood, 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, vaping, or chewing tobacco has been shown to increase the risk of gum disease and interferes with health after oral surgery. Tobacco users are also 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. If any of the complications mentioned above do occur, a referral may be necessary to your family dentist or another dental or medical specialist. **This is an additional cost.**

Temporary Anchorage Device:

Your treatment may include the use of a temporary

anchorage device, which is a metal screw or plate that is attached to the bone. There are specific risks associated with them. It is possible that the screw(s) could become loose which will require 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 alternative 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. This could require removal with surgical excision of the tissue and/or the use of antibiotics/antimicrobial rinses. It is possible that the screws could break upon insertion or removal. If this occurs, the broken piece may be left in your mouth or potentially need surgical removal. This may require a referral to another dental specialist. When inserting the device, it is possible to damage the root of a tooth, 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 may be necessary to our family dentist or another dental or medical specialist for further treatment. Fees for those services are not included in the cost for your treatment.

Possible Alternatives:

For most patients, orthodontic treatment is an elective procedure. One possible alternative is no treatment at all. You could choose to accept your present oral condition and decide to live without orthodontic correction or improvement. Alternatives to orthodontic treatment for any particular patient depends on the specific nature of the individual orthodontic problem, the size, shape, health of the teeth, the physical characteristics of the supporting structure, and the patient's esthetic considerations. Alternatives could include but are not limited to: extraction vs nonextraction treatment, orthognathic surgery vs nonsurgical treatment, possible prosthetic solutions, and possible compromised approaches.

Two Phase Treatment:

The first phase of your child's treatment is completed when the braces or appliances are removed and a resting period begins. Retainers will be used and worn for a short period of time because they can interfere with the eruption of the permanent teeth. Progress x-rays may be taken at regular intervals and are vital for the orthodontist to monitor and guide your child's development. This resting phase may continue over several years. Once all (or most) of the baby teeth have come out and all (or most) of the permanent teeth have come in, another exam and consultation will be scheduled to evaluate if a second phase of treatment will be needed. At this time, we will discuss a new treatment plan and fees for any future treatment. I understand that in most circumstances, two phases of treatment is necessary and each phase will incur a different cost.

Acknowledgment:

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 presents and that actual results may differ from the anticipated results. I also acknowledge that I have discussed this form with the undersigned orthodontist and have been given the opportunity to as any questions. I have been asked to make a choice about my treatment. I hereby consent to the treatment proposed and authorize the orthodontist indicated below to provide treatment. I also authorize the orthodontist to provide my health care information to my other health care providers. I understand that my treatment fee covers only treatment provided by the orthodontist and that the treatment provided by other dental or medical professionals is not included in the fee for my orthodontic treatment.

Consent to Undergo Treatment:

I hereby consent to the making of diagnostic records including x-rays during and following the orthodontic treatment. I fully understand the risks associated with treatment.

Transferring From Our Office:

In the event that you transfer out of our office or discontinue treatment, the amount of treatment rendered will be determined and depending on your individual case, either a refund to you or a final payment to us will be made based on a prorated amount. Aligner treatments will be recalculated based on pre-treatment laboratory and set-up expenses along with the length of time in treatment.

Authorization for Information

Release:

I hereby authorize the orthodontist to provide other health care providers with information regarding the orthodontic care as deemed appropriate. I understand that once released, the doctor and staff have no responsibility for any further release by the individual receiving this information.

Consent to Use Records:

I hereby give my permission for the use of orthodontic records including photographs made in the process of examinations, treatment, and retention for purposes of professional consultations, research, education, or publication in professional journals.

Patient Name Printed

Signature of Patient/Parent/Guardian

Date of Signature/Consent to Treatment

Signature of Orthodontist/Representative

Date of Signature

Questionnaire

Patient Name _____

Date _____

Status at Appointment:

- An initial examination
- An observation

Chief Concerns:

- Crowding
- Spacing
- Overjet
- Overbite or deep bite
- Underbite
- Deficient chin
- Missing permanent teeth:
- Irregularly shaped teeth:
- Irregular tooth positions
- Excessive gingival display
- None indicated by patient
- Second opinion desired
- Continuation of care
- Diastema
- Open bite
- Flared incisors
- Cross bite
- Smile esthetics
- Incisor rotations
- Delayed eruptions
- Impacted teeth
- Tooth motion
- Gingival disease or health
- Periodontal support
- Excessive wear of dentition
- Excessive lower jaw development
- Procumbent lower facial profile
- Facial asymmetry
- Lack of upper jaw development
- Tooth sensitivity
- Jaw pain
- Ear pain
- Ear ringing or stuffiness
- Neck pain
- Headache, facial or neck pain
- Chewing difficulties
- Change in bite (occlusion)
- Grinding
- Jaw dysfunction or clicking
- Jaw locking open
- Jaw locking closed
- Diminished mouth opening
- Thumb habit
- Tongue thrusting habit
- Speech difficulty
- Prominent lower jaw
- Lack of lip support
- Gingival recession
- Early loss of baby teeth

Angle Classification:

- I Molar Dental Classification
- II Molar Dental Classification
- III Molar Dental Classification
- IV Molar Dental Classification

General Profile:

- Profile: Straight
- Profile: Concave
- Profile: Convex

Skeletal Class:

- Class I
- Class II Div. I
- Class II Div. II
- Class III

Facial Balance:

- Vertical growth pattern
- Vertical maxillary excess
- Vertical maxillary deficiency
- Short lower facial height
- Insufficient upper lip length
- Convex (full) facial profile
- Flat facial profile
- Bilabial protrusive
- Maxillary deficiency
- Mandibular deficiency
- Prognathic maxilla
- Prognathic mandible
- Inadequate maxillary width on full smile
- Balanced profile

Skeletal Evaluation:

- No skeletal imbalance
- Prognathic maxilla
- Retrognathic maxilla
- Prognathic mandible
- Retrognathic mandible
- Narrow maxilla
- Skeletal openbite
- Skeletal deepbite
- Mandibular asymmetry to the right
- Mandibular asymmetry to the left
- Excessive vertical development
- Deficient Vertical development

Overbite:

- Overbite: Normal (0-10%)
- Overbite: Mid (15-45%)
- Overbite: Moderate (50-80%)
- Overbite: Severe
- Overbite: Severe, deep imprinting
- Openbite
- Edge to edge bite

Overjet:

- Overjet: Excessive (_____)mm
- Overjet: Normal
- Overjet: Edge to edge
- Overjet: Negative (_____)mm

Maxillary Arch Length II:

- Maxilla: Crowded - Moderate 3-5 mm
- Maxilla: Spaced - Severe 6+ mm
- Maxilla: Crowded - Slight 1-2 mm
- Maxilla: Crowded - Severe 6+ mm
- Maxilla: Spaced - Slight 1-2 mm
- Maxilla: Adequate
- Maxilla: Spaced - Moderate 3-5 mm

Mandibular Arch Length II:

- Mandible: Crowded - Moderate 3-5 mm
- Mandible: Crowded - Severe 6+ mm
- Mandible: Spaced - Moderate 3-5 mm
- Mandible: Spaced - Slight 1-2 mm
- Mandible: Spaced - Severe 6+ mm
- Mandible: Adequate
- Mandible: Crowded - Slight 1-2 mm

Crossbite:

- No crossbite
- Partial anterior crossbite (_____)
- Complete anterior crossbite
- Posterior right crossbite
- Posterior left crossbite
- Bilateral posterior crossbite
- Buccal crossbite
- Partial buccal crossbite (_____)

Mandibular:

- Constricted
- Broad
- Normal

Maxillary Width:

- Constricted
- Broad
- Normal

Curve of Spee:

- Flat mandibular
- Deep Curve of Spee in the mandibular arch
- Reserve Curve of Spee in the mandibular arch
- Flat Curve of Spee in the maxillary arch
- Deep Curve of Spee in the maxillary arch
- Reserve Curve of Spee in the maxillary arch
- Normal Curve of Spee in the maxillary arch
- Normal Curve of Spee in the mandibular arch

Habits II:

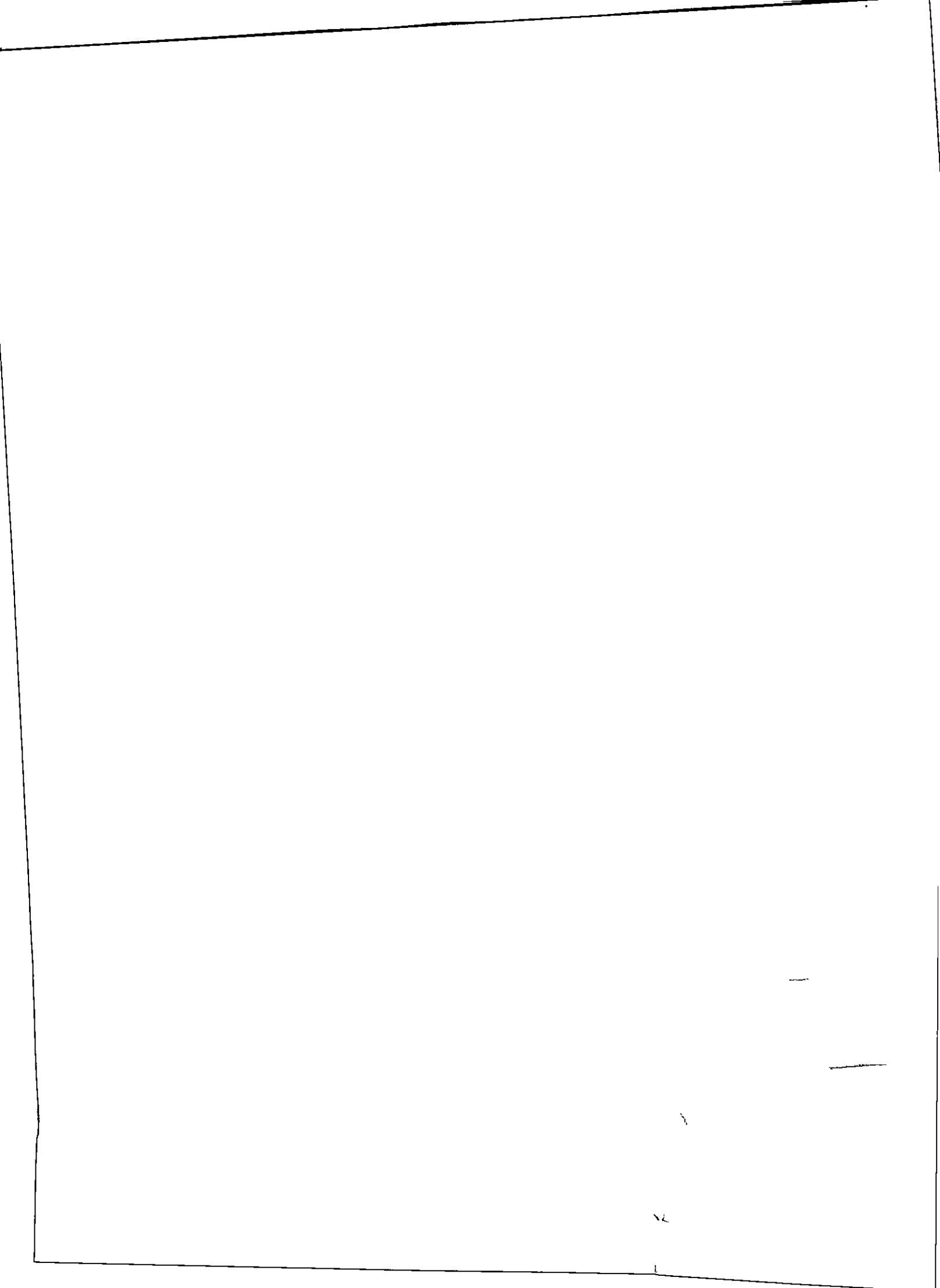
- Bruxing - Slight
- Bruxing - Moderate
- Bruxing - Severe
- Thumb / Finger Habit
- Mouth Breather
- Tongue Thrust
- OTHER:

TMJ:

- No TMJ
- Clicking on the right side
- Clicking on the left side
- _____
- Crepitus

TMJ Pain:

- TMJ Pain: Not reported
- TMJ Pain: Right temporal area
- TMJ Pain: Left temporal area
- TMJ Pain: _____
- TMJ Pain: Right and Left, especially right
- TMJ Pain: Right and Left, especially left



Periodontal Health:

- Moderate periodontal disease
- Localized Gingivitis
- Severe Periodontal disease
- Moderate Gingivitis
- Severe Gingivitis
- Mild periodontal disease
- Mild Gingivitis
- Healthy
- NEEDS PERIODONTAL EVALUATION

Midline – Mandibular:

- Mandibular Midline: Right
- Mandibular Midline: Left
- Mandibular Midline: midsagittal (on)

Midline – Maxillary:

- Maxillary Midline: Right
- Maxillary Midline: Left
- Maxillary Midline: Midsagittal (on)

Treatment Plan:

- Comprehensive orthodontic treatment
- Partial orthodontic treatment
- Phase I orthodontic treatment
- Re-evaluate
- Re-treatment
- No treatment indicated
- Orthognathic surgery
- TMJ therapy
- (_____)
 - METAL Braces
 - Clear Braces
 - Invisalign/ Invisalign TEEN
 - SURESMILE

Fixed Appliances:

- Rapid palatal expansion
- Headgear
- Full upper and lower orthodontic bonding
- Full upper orthodontic bonding
- Lip bumper
- Partial lower orthodontic bonding
- Partial upper orthodontic bonding
- Full lower orthodontic bonding
- _____

Lips at Rest:

- Apart
- Together
- Lower lip behind upper incisor

Extractions:

- Extract Upper first premolars: 5, 12
- Extract upper second premolars: 4, 13
- Extract lower first premolars: 21, 28
- Extract lower second premolars: 20, 29
- Extract upper third molars
- Extract lower third molars
- Early extraction of primary teeth (_____)
- Extract upper second molars: 2, 15
- Extract (_____)
- Serial extraction procedures
- Try non-extraction therapy
- Non-extraction therapy
- Will need extractions

Timing:

- 9 Months
- 12 Months
- 12-18 Months
- 18-24 Months
- 24 Months
- 30 Months

Patient's Next Step:

- Observation
- Full diagnostic records
- Partial Diagnostic records
- Consultation
- Periodontal evaluation
- Schedule to start treatment
- Next Orthodontic adjustment
- Needs Dental Exam and Treatment

Dentition Developmental Stage:

- Primary Dentition
- Early mixed dentition
- Mixed dentition
- Late mixed dentition
- Permanent dentition

Treatment Objectives:

- _____
- Reduced Overjet
- Resolve crowding
- Openbite
- Close Openbite
- CIs let openbite
- Close Ext spaces
- Close Max Dias
- Close Mn Dias
- Close Dias 8 & 9
- Corr Rotations
- Corr Crossbite
- Corr Midlines
- Retract Incisors
- Bring impacted teeth in
- Expand maxillary arch
- Expand Mandibular arch
- Expand both arches
- Distal Mx Rt side
- Distal Mx Lft side
- Distal Max arch
- Eliminate tongue thrust
- Eliminate thumb habit
- Eliminate finger habit
- Advance Mandible
- Hold max growth
- Bring max forward
- Advance Incisors
- More Inc Torque
- Upright meso molars
- Bring ectopic in
- Bond Remain T th
- Ph I into Ph II
- Hold vertical growth
- Create lip comp
- Watch CI III grow
- Watch root resorption
- Asymmetrical mandible growth
- Reduce gummy smile
- Level & align
- Detail the occlusion

Retention:

- Essix Lower
- Essix upper
- Fixed upper 1-1
- Upper Hawley
- Lower Hawley
- Mn Ling Arch
- TPA
- Positioner
- Fixed Lower 3-3
- Frenectomy Evaluation

Abnormalities/Special Comment:

TREATMENT GUIDE

- Spacers - upper/lower
- Impressions- Study Models/Appliance
- Type of Bracket
 - Clears/Damon
- Band 6's (teens)
- IB/ Suresmile Scan
- 2 X 4 U/L

TREATMENT FINANCIALS

Total Treatment Fee:

Estimated Insur cvrg:

OTHER :

TOTAL: \$ _____

\$ _____ for 24 months

\$ _____ for 12 months

Initial \$1500, then \$ _____ for 18 mo.