



Snow Orthodontics

Beauty with Class.

COOPERATION CONTRACT

To produce a beautiful, healthy smile with you, we need to work together. With your full cooperation, your results will be better and your treatment will go faster ~ so you can enjoy your new smile as soon as possible.
SO LET'S MAKE A DEAL . . .

I, _____, agree to be a full partner in my orthodontic care. This means that I promise:

- *To keep all my appointments and arrive on time*
- *To brush and floss regularly*
- *To avoid eating foods that can damage my braces (Eating Habits & Orthodontics list for foods to avoid)*
- *To follow all instructions for the correct care and use of my orthodontic appliances*
- *To call immediately if I have any questions or problems*

I hereby agree to these conditions and acknowledge that I have discussed the topics below with my orthodontic team. I'm ready to begin!

Signed _____ Date _____

CHECKLIST: We want to make sure you are fully informed and have a chance to ask any questions that might come up. So we have put together this checklist to make sure we review these important points:

- | | |
|---|---|
| <input type="checkbox"/> Brushing: Brush the teeth and gums, especially under the wires | <input type="checkbox"/> Drinks: Avoid carbonated beverages and sugared drinks |
| <input type="checkbox"/> Fluoride: Use fluoride gel each night after brushing teeth thoroughly | <input type="checkbox"/> Breakage: Breakage usually comes from eating the wrong foods |
| <input type="checkbox"/> Flossing: Use floss threaders to help floss between the teeth daily | <input type="checkbox"/> Emergencies: Don't hesitate to call if anything is bothering you |
| <input type="checkbox"/> Co-operation: Great co-operation produces the best results in the shortest time | <input type="checkbox"/> Adjustments: Try not to miss any appointments-they are all important |
| <input type="checkbox"/> Speech: Normal speech may be temporarily affected for a short time | <input type="checkbox"/> Bite: The bite shifts and changes constantly during treatment |
| <input type="checkbox"/> Discomfort: Each patient will have a different tolerance to discomfort | <input type="checkbox"/> School: Appointments during school will be needed every few months |
| <input type="checkbox"/> Medications: Take whatever you would normally take for a headache | <input type="checkbox"/> Absences: School time appointments are allowed medical "excused absences" |
| <input type="checkbox"/> Diet: A soft diet is recommended-don't chew hard or sticky foods | <input type="checkbox"/> Dentist: Continue to visit your family dentist regularly during treatment |
| <input type="checkbox"/> Wax: Use the wax as needed to protect your cheeks and lips | <input type="checkbox"/> Brush: Immediately after signing in, brush and remove all plaque |
| <input type="checkbox"/> Signing in: Sign in every visit-ask if not seen within 15 minutes | <input type="checkbox"/> Referrals: We would be happy to see any of your friends or family |

The above topics have been covered to my satisfaction. If I have any further questions, I will call for more information.

Patient's Signature _____ Date _____

Responsible Party's Signature _____ Patient Manager Initials _____

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