

RETAINER AGREEMENT

(PLEASE SIGN AND RETURN PRIOR TO REMOVAL OF BRACES)

Patient: _____ Date: _____

Congratulations! Within a short period of time, braces will be removed and retention phase of treatment will begin. We look forward to providing you with retention follow-up services. Please read this agreement carefully and advise us if you have questions.

1. Prior to the removal of braces, we welcome any concerns you have about your smile. Any adjustment that is easier to accomplish with the braces on.
2. Arrangements on any balance due on active treatment must be taken care of prior to the removal of braces. There is a balance of _____.
3. The fee for the retainer is _____. After ____ months, office visit charges will apply. If relapse occurs because of lack of retainer wear, adjustments will be required and additional fees charged.
4. Because the retainers are made of plastic, they must be given the utmost care. Avoid contact with hot liquids and leaving them in any hot areas (near heater, exposed to sun, etc.). They should also be brushed thoroughly at least once a day.
5. If the appliance is lost or damaged there will be a charge for repair or replacement. Also, if restorations (crowns or veneers) are needed after retainers are delivered, new retainers (replacement charge) may be required if they can't be adjusted.
6. A lower bonded (permanent) retainer is available. If oral hygiene has been inadequate, a minor correction is needed, or a bonded retainer is not desired, removable appliance will be provided, with the bonded retainer in place, care must be taken when eating and hard, sticky food should be avoiding. Flossing with a floss threader is highly recommended. This bonded retainer should remain in place for three years and then replaced with a standard removable retainer which will be worn one or two nights per week. Since there will be an additional charge for this second lower retainer, it will be your choice whether to replace or keep the bonded retainer. Please let us know your preference before braces are removed.
7. Final progress records \$150, as needed, of the teeth and jaws will be required to evaluate results and help plan retainer treatment. We will send a letter after retainers delivered with more information regarding retainer wear and wisdom teeth.
8. A thorough dental check and cleaning will be required by your general dentist. Please wait until we can send a copy of the final x-rays to the dentist.
9. In most cases, retainers will be worn for 24 hours per day for the first 6 months (except during eating, brushing, and contact sports) 12 hours a day during the next 6 months (one year) and every other night the second year. Indefinite retainer wear one to two nights per week is recommended.
10. During retainer observation, it will be the patient's responsibility to keep appointments at the following intervals: 6 months and 12 months. There will be not other reminders.
11. If the retainers are not worn as prescribed or appointment not kept, some undesirable changes may occur (movement of teeth) which may require re-treatment and additional charges. It is your responsibility to call for an appointment immediately should tooth movement be suspected.
12. Due to continued chewing forces to the teeth, it is common to find in later years some tooth movement or minor shifting. This is not a failure of our correction, but nature's changes that we learn to expect just as we learn to expect changes in other portions of our body as we grow older. In definitely retainer wear will minimize changes.
13. Permission is granted for minor cosmetic reshaping of the anterior teeth.
14. Permission is granted for all of the patient's orthodontic records for research and publication.

I acknowledge that the satisfactory orthodontic services have been rendered to _____

I desire at this time to have the active orthodontic appliance removed and have retainers made, realizing that minor imperfections may remain. I understand the importance of wearing the retainers according the explicit instructions given by the orthodontic staff.

We have enjoyed working with you and we thank your confidence in entrusting us with you orthodontic treatment. Should you have any question we will be pleased to discuss them with you at the next appointment.

I have read, understand and agree to the above retention agreement.

Patient: _____ Date: _____

Parent: _____ Date: _____