

Patient Cooperation Contract

In order to obtain the best possible results in my orthodontic treatment, I understand that my cooperation efforts are just as important as the efforts of Dr. Ross and his staff. Dr. Ross will provide the treatment plan, but I am responsible for following instructions given so that I may have a beautiful smile that will last a lifetime.

I will have done my part when I have taken responsibility for the following:

1. CLEAN TEETH AND GUMS: I will continue to see my general dentist for cleanings and I will clean my teeth and gums properly as directed at least 2x per day, as well as after meals and snacks. I understand without good oral hygiene I could be left with permanent marks on the teeth after the braces are removed.
2. WEARING REMOVABLE APPLIANCES: I will wear my elastics, facemask, headgear, or any other removable appliances faithfully as instructed by the doctor and staff.
3. CARE OF APPLIANCES: I will avoid foods and activities that will damage my braces/appliances and delay my time of treatment. I will always wear a mouth guard for protection when playing contact sports.
4. APPOINTMENTS: I will do my best to keep all my appointments and arrive on time. I will call as soon as possible if I must change an appointment, and always call ahead of time if I have something broken or loose.
5. RETAINER WEAR AND COMPLIANCE: After completing your orthodontic treatment retainers are worn to maintain straight teeth and to stabilize the bite correction. Retainers must be worn as instructed by Dr. Ross and staff, this is a lifelong commitment to protect the valuable investment you and your family has made. Failure to comply with retainer wear can result in the need for re-treatment.

As an orthodontic patient receiving treatment in the office of Dr. David Ross, I agree to cooperate by following all the above instructions.

Patient Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Patient ID: _____