New Patient Orthodontic Procedures

This information sheet will acquaint you with orthodontic procedures we follow when new patients are examined. It will assist you by answering questions you may have concerning your visit. The following procedures are necessary before an intelligent and efficient analysis of the patient's orthodontic problems can be made.

FEES FOR THESE SERVICES ARE SEPARATE FROM ORTHODONTIC TREATMENT

Molds & Facebow Mounting on Dental Articulator for Gnathological Study

Study casts of the teeth are taken at the time of the initial visit. These will be used to study the problems as they exist at the beginning of treatment. The casts will be of great value in making a diagnosis and for later reference during treatment. In gnathology, the bite is a very important objective so we always study casts on a "bite instrument" or articulator.

Three-Dimensional Analysis

Three-dimensional analysis of the upper jaw as it relates to the skull using special gnathological instruments to look for asymmetries.

Full Mouth X-Rays and/or Panorex

These present a composite view of the teeth, roots, bone and jaws. They show if the patient has the normal number of teeth, any missing teeth, extra teeth or wisdom teeth. They also show any problems associated with the jaw bone and jaw joints. The progression of permanent teeth, when primary teeth are still present is easily followed.

Head Growth X-Rays and Tracing (lab fee)

The cephalometric x-ray is used to evaluate the sizes and horizontal and vertical growth directions of the jaws. The front tooth inclinations and the profile of the face are studied. There are proportions that are normal for each individual. Subsequent x-rays allow us to assess changes in growth and the effects of treatment.

Face Photographs & Intra-Oral (Inside-the-Mouth) Photographs (lab fee)

Frontal and lateral head photographs are a part of the overall work-up. These pictures are visual aids for profile and tooth positioning. The position of these teeth is very important to the profile. Our concern is to complete treatment with straight teeth and a pleasant profile. Intra-oral photographs will be used as a visual aid to study the problems as they exist in the beginning. Subsequent pictures will be taken to record changes in appearance, tooth positioning and, when necessary, oral hygiene.

Preventive Program

This program provides an outline and instruction in order to prevent possible disease and breakdown and to maintain healthy gums and teeth during treatment. It is essential that the patient maintain a program of regular preventive care separate from the orthodontic visits. More frequent visits are often recommended. For example every 3, 4 or 6 months depending on inflammation, plaque and calculus (tartar) accumulation, it is highly recommended that the patient brushes after every meal and flosses at least twice daily.

Payment Plans for New Accounts

Unless prior arrangements have been made, 25% of the total treatment fee is required as a down payment at the time impressions are taken to start the case, the remainder can be financed for two years interest free provided the monthly payment is paid on time. A $10 late charge will be added to you account for payments received 7 days past your due date.

Methods of payment include Cash, Check, Credit Card (Visa, MasterCard and Discover)
ORTHOFLOW CHART

NEW PATIENT WELCOME LETTER
Get Acquainted Questionaire
Orthopedic/Orthodontic History
Ortho Records Handout
Insurance Information

INITIAL INTERVIEW
Chief Complaint, Evaluation
History: (Medical, Dental, TMJ, Ortho)
Facial and Airway Evaluation
Possible ENT/ Surgery/ Myofunctional Referral
Observation Checklist

EXAMINATION AND RECORDS
TMJ and Muscle Exam
Intraoral Exam
Myofunctional Evaluation
Mounted Study Casts
Panoramic X-ray
FMX or Upper Anterior X-rays
Cephalometric X-ray
Photos

WORK-UP
Photographic Evaluation
Hand-held Cast Evaluation
Mounted Cast Evaluation, including asymmetry evaluation
Radiographic Evaluation
Cephalometric Tracing and Evaluation
Diagnosis
Arch Evaluation, Measurements (Pont’s, etc.)
Treatment Goals
Probable Appliances
Treatment Sequence
Comments and Fee

CONSULTATION
Review Records
Financial Arrangements
Informed Consent
Office policies
START (Separators or Impressions)
WHAT'S A CROZAT?

Crozats have many advantages over alternative techniques:

ESTHETICS - The Crozat can be very inconspicuous or “invisible.” It is also removable, when necessary, for esthetic reasons.

ORTHOPEDIC EFFECTS - The Crozat is used to affect the underlying bone, as well as the tooth positions. This orthopedic effect can widen the bone the teeth come into.

COMFORT - Few orthodontic appliances are as comfortable to wear full-time as the Crozat. This is great for adults, but it is also good news for kids, since early treatment can extend many years. By comparison, braces or larger plastic appliances are harder to get used to, harder to speak with, harder to keep clean, and much harder to forget you're wearing.

SPEECH - It’s much easier to learn to speak normally with Crozats than with most alternatives.

HYGIENE - Crozats are removable for cleaning, and allow beautiful healthy tissues.

STABILITY - Treating young kids allows teeth to come in straight to an arch that has room, instead of coming in crooked and needing to be straightened later. Less alteration of the trans-septal fiber morphology means more stability.

REDUCED MUCOGINGIVAL PROBLEMS - When teeth erupt into a normal arch, which Crozat arch development allows, there is reduced incidence of mucogingival problems. When teeth erupt too far buccally or lingually post-orthodontic periodontal morphology can be compromised.

NO ROOT RESORPTION - The forces are much lighter than fixed appliances.

ACTIVE AND RETENTIVE - The same appliance can often be used for active treatment and for retention. This can allow future modifications - Properly made and fitted, Crozats stay in very well!

EASILY MODIFIED AND ADJUSTED - Your imagination is the limit for the ways a Crozat can be modified! Adults and Children have benefited from Crozat treatment.

HIGH LEVEL OF ACCEPTANCE - Patients like all the benefits!

REDUCES TIME IN BRACES - When braces are necessary, adults can often begin treatment with the (more comfortable, hygienic, esthetic) Crozat, and reduce the time necessary to wear braces.

HOW DOES A CROZAT WORK?

Your imagination is the limit when it comes to the potential uses of the Crozat. AAGO members have used it for accomplishing many different orthodontic and orthopedic objectives. The objective of Arch Development is one that needs explaining. The Crozat philosophy of Arch Development is different from the common idea of transverse expansion. Space for crowded dentitions is relieved with Arch Development in the following ways:

• Uprighting Lingually tipped teeth
• Derotation of molars
• Molar distalization
• Incisor protrusion
• Expansion, when necessary, using Pont's and Howe's indices as general treatment guidelines.

AND IN THE MIXED DENTITION...

• Preservation of leeway space
• Maximize growth
• Minimize crowding
**PATIENT_________________________ DATE_________________________**

**CHIEF CONCERN _____________________________________________________________**

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**ASSESSMENT**

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**030 DIAGNOSIS / SUMMARY**

Cosmetic Line (norm )

**Dentition:**
- Primary
- Transitional (Mixed)
- Adolescent (Growing)
- Adult (Non-Growing)

**Skeletal:**
- Class I
- Class II
- Class III
- Tendency
- Open Bite
- Deep Bite
- Tend.

**Dental:**
- Molar:
  - Class I
  - Class II
  - Class III
  - Tendency
  - Subdivision: R L

- Canine:
  - Class I
  - Class II
  - Class III
  - Tendency
  - Subdivision: R L

- Overbite/Div:
  - WNL
  - Open Bite
  - Deep Bite
  - Div 1
  - Div 2

- Overjet:
  - WNL
  - Moderate
  - Severe
  - Edge-to-edge
  - Negative (CI III)

- Crossbite:
  - None
  - Anterior:
    - U L
    - Posterior:
      - R L B

**Alignment:**
- Space WNL
- Crowded
- Spaced
- Need Spaces Created / Re-Opened

**Oral Posture:**
- WNL
- Altered

**Tmj:**
- WNL
- Symptomatic
- Compromised
- Refer for Eval by

**Airway:**
- WNL
- Suspected Compromise
- Suspected Sleep Disorder
- MD Diagnosed OSA
- Refer for Sleep Study & Dx
- Refer for Airway Eval by MD

**Face:**
- Profile:
  - WNL
  - Concave
  - Convex
  - Straight

- Excessive Vertical (Downward) Growth
- Maxillary
- Mandibular

- Insufficient Horizontal (Forward) Growth
- Maxillary
- Mandibular

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**031 TREATMENT OBJECTIVES**

Case Type:
- Limited
- Comprehensive
- Phase I
- Phase II

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**032 PROBABLE APPLIANCES / RETAINERS**

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**033 TREATMENT PLAN SEQUENCE**

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**034 COMMENTS**

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**035 FEE:**

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