



DENTISTREE DENTAL CLINIC

Orthodontic Consent & Payment Agreement

Dear Mr./Mrs. Aidasani , Thank you for choosing DentisTree Dental Clinic for your daughter's orthodontic treatment. Kindly find below the details of the treatment and payment plan.

MRN no: 53

Patient Name: Divisha Aidasani

DOB: 20/03/2007

Date: 23/06/2021

Ortho Diagnosis/ Treatment Plan

- Malocclusion Class I

Appointments

- In case of emergency, any scheduled appointment is to be rescheduled, at least 48 hours in advance, this helps us to serve all our patients better.
- A successful treatment result depends on your cooperation and attendance of all scheduled appointments.
- If you miss a scheduled appointment, we will make every attempt to contact you and make a new appointment. Regardless, we make three consecutive failed attempts to reach you, or you miss three consecutive scheduled appointments, we will no longer accept the responsibility for the outcome of the treatment.

Appliances, Retainers and Diagnostic Records

- Orthodontic appliances are charge exclusively (if any).
- Retainers are charge exclusively.
- Retainer's check is free for 30 days.
- Retainers will be replaced FREE OF CHARGE if they unintentionally (non-accidental damage only) within first 30 days.
- Lost and broken retainers or appliance will be replaced and charged in full cost.
Note: (Price is subject to change without prior notice.)
- In any special circumstances like formal occasions or weddings, we can arrange to remove the braces and place it back again. (An additional cost will be applied.)

In uncommon cases, the treatment might not progress as expected, we might need to change your appliance or add another one. In such cases, additional cost will be charge exclusively.

Discontinuity of Care

- If a patient decides to discontinue his/her orthodontic treatment, prior to the completion of the agreed treatment plan, a charge of 2,000 AED will be applied. This charge is applied to all patients who regularly settle the monthly installments. Otherwise, full settlement of the accumulated monthly installments plus the additional charge will be applied.

The Risks and Limitations of Orthodontic Treatment

Results of Treatment Orthodontic Treatment usually proceeds as planned, and we intend to do everything possible to achieve the best results for every patient. However, in order to guarantee that you will be completely satisfied with the treatment results, your cooperation in keeping appointments, maintaining good oral hygiene, avoiding loose or broken appliances, and following your Treating Orthodontist's instructions carefully is a must.

Length of Treatment The length of treatment depends on several issues, including the 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 positions 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, and growth and maturation 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.

Extractions Some cases will require the removal of deciduous (baby) teeth or permanent teeth. There are additional risks associated with the removal of teeth which you should discuss with your Treating General Dentist and/or Oral Surgeon prior to the procedure.

Orthognathic Surgery Some patients 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 Treating 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, patients discontinuing Orthodontic Treatment without completing the planned surgical procedures may have a malocclusion that is worse than when they began treatment!

Decalcification and Dental Caries Excellent oral hygiene is essential during Orthodontic Treatment as are regular visits to your Treating General Dentist and Dental Hygienist. Inadequate or improper hygiene could result in cavities, discolored teeth, periodontal disease and/or decalcification. These same problems can occur without Orthodontic Treatment, but the risk is greater to individual wearing braces or other appliances.

Root Resorption The roots of some patients' teeth become shorter (resorption) during Orthodontic Treatment. It is not known exactly what causes root resorption, nor is it possible to predict which patients will experience it. However, many patients have retained teeth through-out life with severely shortened roots. If resorption is detected during Orthodontic Treatment, your Treating Orthodontist may recommend a pause in treatment or the removal of the appliances prior to the completion of Orthodontic Treatment.

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 disease can develop or worsen during Orthodontic Treatment due to many factors, but most often due to the lack of adequate oral hygiene. You must have your Treating General Dentist, or if indicated, a Periodontist monitor your periodontal health during Orthodontic Treatment every three to six months. If periodontal problems cannot be controlled, Orthodontic Treatment may have to be discontinued prior to completion.

Injury from Orthodontic Appliances Activities or foods which could damage, loosen, or dislodge orthodontic appliances need to be avoided. Loosened or damaged orthodontic appliances can be inhaled or swallowed or could cause other damage to the patient. You should inform your Treating Orthodontist of any unusual symptoms or of any loose or broken appliances as soon as they are noticed. Damage to the enamel of a tooth or to a restoration

(crown, bonding, veneer, etc.) is possible when orthodontic appliances are removed. If damage to a tooth or restoration occurs, restoration of the involved tooth/teeth by your Treating General Dentist may be necessary.

Headgears Orthodontic headgears can cause injury to the patient. Injuries can include damage to the face or eyes. In the event of injury or especially an eye injury, however minor, immediate medical help should be sought. 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.

Temporomandibular (Jaw) Joint Dysfunction Problems may occur in the jaw joints, i.e., temporo-mandibular joints (TMJ), causing pain, headaches, or ear problems. Many factors can affect the health of the jaw joints, including past trauma (blows to the head or face), arthritis, hereditary tendency to jaw joint problems, excessive tooth grinding or clenching, poorly balanced bite, 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 or closing, should be promptly reported to your Treating Orthodontist. Treatment by other Medical or Dental Specialists may be necessary.

Impacted, Ankylosed, Unerupted Teeth may become impacted (trapped below the bone or gums), ankylosed (fused to the bone) or just fail to erupt. Oftentimes, these conditions occur for no apparent reason and generally cannot be anticipated. Treatment of these conditions depends on the particular circumstance and the overall importance of the involved tooth, and may require extraction, 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 procedure 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 shape of the teeth, missing teeth, etc.; achievement of an ideal result (for example, complete closure of a space) may not be possible. Restorative dental treatment, such as esthetic bonding, crowns or bridges or periodontal therapy, may be indicated. You are encouraged to ask your Treating Orthodontist and General Dentist about adjunctive care.

Third Molars As wisdom teeth develop; your teeth may change alignment. Your Treating General Dentist and Orthodontist should monitor them to determine when and if they need to be removed.

General Health Problems General health problems such as bone, blood or 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.

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

Use of Tobacco Products Smoking or chewing tobacco has been shown to increase the risk of gum disease and interferes with healing 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.

Temporary Anchorage Devices Your treatment may include the use of a temporary anchorage device(s) (i.e., metal screw or plate attached to the bone.) There are specific risks associated with them.

It is possible that the screw(s) could become loose which would require its/their 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 alternate 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, which could also require its removal, surgical excision of the tissue and/or the use of antibiotics or antimicrobial rinses.

It is possible that the screws could break (i.e., upon insertion or removal.) If this occurs, the broken piece may be left in your mouth or may be surgically removed. This may require referral to another dental specialist.

When inserting the device(s), 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 your Treating Orthodontist placing the device if you have had any difficulties with dental anesthetics in the past.

Payment Plan

- The treatment cost should be settled fully within a maximum period of 12 months and is initiated from the signing date of the orthodontic treatment agreement.
- Agreed amount on installment basis should be payable monthly, **not per visit**.
- The treatment cost will be subjected to change to the updated pricelist if the cost is not fully settled at the end of the 12 month and this includes any reason such as missed appointments (did not attend appointments/ travelling).
- Full outstanding balance must be paid before removing the braces.
- Poor cooperation from patients during Orthodontic Treatment might result in additional treatment, time and ultimately cost.

| PHASE | AED |
|-------------------------------------|------------|
| UPPER AND LOWER METALLIC BRACES | 12,000 AED |
| 50% SPECIAL DISCOUNT | 6,000 AED |
| | |
| Total | 6,000 AED |
| Explanation | |
| Initial amount payable upon signing | 1,000 AED |
| Monthly Settlement Amount | 500 AED |
| Settlement Period | |
| Others | |

| | | |
|--------------------------|--|-----|
| Cash/Card | Monthly installment to be settle every 1 st of each month or monthly visit. | |
| Cheque(s) Payment | Advanced Cheque(s) are issued covering the Monthly Settlement Amount; payable on the 1 st day of each month during the Settlement Period. | () |
| Discount | We offer a 5% discount on total orthodontic treatment cost for advanced full settlement. NOTE: Retainer's cost is paid in full and is not subject to discount. | () |

Comments:

Acknowledgement

I hereby acknowledge that I have read and fully understand the treatment considerations and risks presented on this agreement. I also understand that there may be other problems that occur less frequently than those presented, and that actual results may differ from the anticipated results. I also acknowledge that I have discussed this agreement with the undersigned Orthodontist(s) and have been given the opportunity to ask any questions. I understand that my treatment fee covers only treatment provided by the Orthodontist(s), and that the treatment provider by other dental or medical professionals is not included in the fee for my Orthodontic Treatment.

Consent to Undergo Orthodontic Treatment


I hereby consent to the making of diagnostic records, including x-rays, before, during and following orthodontic treatment, and to the above doctor(s) and, where appropriate, staff providing orthodontic treatment prescribed by the above doctor(s) for the above individual. I fully understand all the risks associated with the treatment.

Authorization for Release of Patient Information

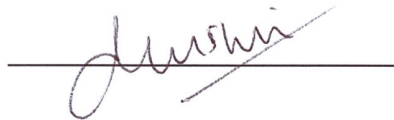
I hereby authorize the above doctor(s) to provide other health care providers with information regarding the above individual's orthodontic care as deemed appropriate. I understand that once released, the above doctor(s) and staff has (have) no responsibility for any further release by the individual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

Consent to Use of 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.



Dr. Pratik Premjani



Patient/Guardian's Name & Signature

Orthodontic Specialist

