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## Orthopaedic and Orthodontic Treatment Agreement

### A: Diagnostic Assessment

This major consultation and clinical assessment process are very important in making the correct diagnoses. Clinical HD photographs are taken. This is followed up by taking study models and then analysed by means of the Schwartz-Korkhaus process. These models are pivotal in determining the desired arch size and shape.

This is followed up OPG (Panoramic) & Lateral Cephalometric x-rays. These radiographs are analysed by means of a Bimler Elite Cephalometric Analysis. This analysis is necessary to determine the relationship between the jaws, the anterior cranial base and the facial profile.

The above provides us with the necessary scientific data to complete the treatment plan formulation.

### B: Treatment Phase 1

Phase 1 is aimed at developing the dental arches into the correct size and arch form. The arch development is typically carried out with removable appliances in the upper and/or lower jaws depending on the analysis of the dental arches. At this stage we also aim to correct any habits like tongue thrusts and thumb sucking. Please note that open bite cases can take twice as long as deep bite cases to complete. The estimated treatment time is dependent upon compliance and severity of the case.

In some cases a reverse pull headgear is required to develop the upper jaw forward as determined by the Bimler analysis. If the patient requires tongue exercises and modifications to the brace in order to control a "tongue thrust", a fee of £150 is charged.

Once the arches have been developed, we review to see if it is necessary to reposition the lower jaw into the correct jaw relationship. If necessary we would use a "Bionator" or "Twin Block appliance" to "distract" or reposition the lower jaw.

### C: Treatment Phase 2 & 3

Fixed orthodontic treatment with brackets and arch wires are necessary to complete most cases. Sometimes the teeth needs to be levelled, rotated, aligned or spaces might need to be closed with fixed braces if the teeth have not erupted into the desired positions.

Once Phase 1 has been completed, all permanent teeth have erupted, and the lower jaw position has been corrected, we will review each individual case to assess the need or desire to do any further correction with fixed braces.

Fixed orthodontic treatment in the permanent dentition age for younger persons is less expensive if the patient had Phase 1 treatment. This fee includes a discounted rate because the corrections are expected to be less extensive than a previously untreated case.

**D: Clear Aligner (Smile Tru / Invisalign Treatment)**

An alternative “invisible” treatment option is available with a Smile Tru “Invisalign” clear aligners. In some cases an “A.L.F” light wire appliance is used in combination with clear aligners. The “invisible” option often requires a longer duration of treatment. This treatment option is usually aimed at our adult patients.

It needs to be noted that Invisalign treatment has certain limitations that can only be corrected by removable and or fixed appliances. A fixed lingual retainer on the lower anterior teeth and a removable retainer for the upper arch will be provided. In some cases permanent retention of the teeth might be required.

**E: Hygienist**

- Patients in fixed appliances require Hygienist appointments every 90 days.
- Patients in removable appliances require 6 monthly Hygienist appointments.
- Patients not maintaining proper hygiene will require additional hygiene appointments.

Please be advised Hygienist appointments are not inclusive of the Orthodontic fee.

NB: The duration of the treatment is solely dependant upon the severity of the problem, the co-operation of the patient and whether appointments for adjustments, home adjustments, or monthly checks are maintained. Failure to attend or to wear appliances, or adjust them as instructed could result in longer treatment time and consequent fee adjustment during treatment.

I understand the fee schedule as explained to me by Dr Cloete and consent to the terms of the fees as payable for the proposed orthodontic and orthopaedic treatment. I confirm I have the authority to be responsible for the payments outlined to me. I understand that photos and data collected from my/my child’s case may be used in research and marketing. Signing this agreement authorises my explicit permission with the conditional options ticked below:

\_\_\_\_\_ Date: \_\_\_\_\_

Dr SA Cloete  
BChD MCLinDent (Prosthodontics)

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

I consent to photos of myself/my child to be used in marketing features, research or website B&A’s (please tick as appropriate):

Anonymous Photo (half face)

Permission to use full name:

Full Face Photo

Permission to use first name: