

**Provider's details**

Telephone No.

Performer number

**Patient's details**

Surname

Forename

Date of Birth

This is to confirm that the named practitioner is willing to accept the above named patient for orthodontic treatment

**The following treatment is proposed:**

Correction of the prominence of the anterior (front) teeth	<b>Upper</b>	<input type="checkbox"/>
	<b>Lower</b>	<input type="checkbox"/>
Alignment of teeth	<b>Upper</b>	<input type="checkbox"/>
	<b>Lower</b>	<input type="checkbox"/>
Correction of occlusal or bite problems	<b>Anterior</b> (front teeth)	<input type="checkbox"/>
	<b>Posterior</b> (back teeth)	<input type="checkbox"/>
Closure of spacing	<b>Upper</b>	<input type="checkbox"/>
	<b>Lower</b>	<input type="checkbox"/>
Correction of impacted teeth (see diagram)		<input type="checkbox"/>
Permanent teeth to be removed (see diagram)		<input type="checkbox"/>
Other objectives (please specify below)		<input type="checkbox"/>

**NHS Treatment Plan**

<b>Treatment appliances ("braces") to be used:</b>		<b>Retention appliances ("retainers") to be used:</b>	
Upper removable <input type="checkbox"/>	Lower removable <input type="checkbox"/>	Upper removable <input type="checkbox"/>	Lower removable <input type="checkbox"/>
Upper fixed <input type="checkbox"/>	Lower fixed <input type="checkbox"/>	Upper fixed <input type="checkbox"/>	Lower fixed <input type="checkbox"/>
Headgear <input type="checkbox"/>	Other appliances <input type="checkbox"/>	Estimated time: Up to 12 months <input type="checkbox"/>	
Estimated treatment time (months) <input type="text"/>		Long-term <input type="checkbox"/>	
		Permanent <input type="checkbox"/>	

Additional information including details of any limited treatment objectives:

**Please ask your orthodontist if you have any questions about your treatment**

**NHS Charges (Patients aged 18 years and over at the start of treatment only):**

Charge band for NHS treatment  Charge for your dental treatment £

**Private Treatment Charges:**

Charge for any proposed private treatment as an alternative to treatment detailed above £

I understand the nature of the proposed private treatment services and accept those services and the associated charges as detailed

I am the patient  I am the patient's parent / guardian

Signature

**Should it become necessary to alter this treatment plan, you will be advised of any changes and any amendment to the cost.**

# Important Information

Your treatment will not succeed without your full co-operation.

In particular:

- You must continue to visit your general dental practitioner regularly for routine dental care
- You must wear your appliances as instructed
- You must clean your teeth and appliances regularly and thoroughly
- You must avoid hard or sticky foods, sugary or fizzy drinks and snacks between meals
- You must keep your appointments for the appliances (braces) to be adjusted regularly

## **Broken or lost appliances**

Take good care of your appliances to avoid breakages. If an appliance breaks or is lost, contact the practice as soon as possible on the telephone number overleaf. A charge may be made to replace badly broken or lost appliances.

## **Retention**

You must wear your retainers as directed otherwise your teeth will not remain straightened.

## **Private treatment**

Orthodontic treatment may only be provided either wholly under NHS arrangements or wholly privately.

## **Emergency treatment**

Whenever possible please contact us about urgent treatment during normal surgery hours. If you need to be seen the same day, please get in touch as early in the day as possible. If an emergency arises out of hours, you can call NHS 111. They can give you details of out-of-hours dental services in your area.

## **Further information:**

Should you have any questions regarding your treatment please ask your orthodontist