

Provider's details <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> Telephone No. 	Patient's details Surname Forename Date of Birth Date of Acceptance This is to confirm that the named clinician is willing to accept the above named patient for orthodontic treatment
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Clinician's Name 	Personal Identifier Number
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The following treatment is proposed:

Correction of the prominence of the anterior (front) teeth	<input type="checkbox"/> Upper <input type="checkbox"/> Lower	
Alignment of teeth	<input type="checkbox"/> Upper <input type="checkbox"/> Lower	
Correction of occlusal or bite problems	<input type="checkbox"/> Anterior (front teeth) <input type="checkbox"/> Posterior (back teeth)	
Closure of spacing	<input type="checkbox"/> Upper <input type="checkbox"/> Lower	
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

<p>Treatment appliances ("braces") to be used:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Upper removable <input type="checkbox"/></td> <td style="width: 50%;">Lower removable <input type="checkbox"/></td> </tr> <tr> <td>Upper fixed <input type="checkbox"/></td> <td>Lower fixed <input type="checkbox"/></td> </tr> <tr> <td>Headgear <input type="checkbox"/></td> <td>Other appliances <input type="checkbox"/></td> </tr> </table> <p>Estimated treatment time (months) </p>	Upper removable <input type="checkbox"/>	Lower removable <input type="checkbox"/>	Upper fixed <input type="checkbox"/>	Lower fixed <input type="checkbox"/>	Headgear <input type="checkbox"/>	Other appliances <input type="checkbox"/>	<p>Retention appliances ("retainers") to be used:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Upper removable <input type="checkbox"/></td> <td style="width: 50%;">Lower removable <input type="checkbox"/></td> </tr> <tr> <td>Upper fixed <input type="checkbox"/></td> <td>Lower fixed <input type="checkbox"/></td> </tr> </table> <p>Estimated time: Up to 12 months <input type="checkbox"/></p> <p>Long-term <input type="checkbox"/></p> <p>Permanent <input type="checkbox"/></p>	Upper removable <input type="checkbox"/>	Lower removable <input type="checkbox"/>	Upper fixed <input type="checkbox"/>	Lower fixed <input type="checkbox"/>
Upper removable <input type="checkbox"/>	Lower removable <input type="checkbox"/>										
Upper fixed <input type="checkbox"/>	Lower fixed <input type="checkbox"/>										
Headgear <input type="checkbox"/>	Other appliances <input type="checkbox"/>										
Upper removable <input type="checkbox"/>	Lower removable <input type="checkbox"/>										
Upper fixed <input type="checkbox"/>	Lower fixed <input type="checkbox"/>										

Additional information including details of any limited treatment objectives:

Please ask your orthodontist or a member of the clinical team if you have any questions about your treatment

Charge band for NHS treatment 	Charge for your NHS dental treatment 	I understand the nature of the proposed NHS treatment services and accept those services and the associated fees as detailed.
Charge for your private dental treatment 	I understand the nature of the proposed private treatment services and accept those services and the associated fees as detailed.	Patient's 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