**NAME oF CLINIC : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(notE: Duplicate copy should be kept in the clinic)

**Instructions For Fixed Orthodontic Appliances**

Your fixed braces have been fitted carefully by your doctor, but it is your responsibility to follow these instructions carefully:

1. If unusual discomfort from your braces is noticed, please notify the dental clinic immediately. Do not hesitate, as treatment time can be prolonged discomfort becomes serious.
2. Special care must be taken to eliminate certain foods from the diet as they may be bend the wires or loosen the bands or brackets. Repair appointments will prolong treatment time.

Avoid these foods: (Or eat with Caution)

  **HARD FOODS**- ice cubes, whole carrots or hard apples, taco, Fritos, Doritos, hard popcorn, other crunchy snack food, hard meat.

**STICKY FOOD**- sticky candy, caramels all types of gums

  **SWEETS**- all foods that are high in sugar content try to limit between meal snacks.

1. The patient or parents should check for loose bands on a periodic basis by attempting to gently remove band with a fingernail. If the bands become loose or wire breaks or becomes loose, call during clinic hours for appointment. These are usually not emergency situations, but they should be corrected within few days.
2. Brush thoroughly between each meal. Brush gum lines around the bands or wire. If you fail to get thoroughly clean and don’t exercise gums, the gums swell and make it more difficult to maintain oral hygiene. Continued neglect of these areas may result in bad breath, white marks on teeth or even tooth decay.
3. Do not play the appliance with your tongue, because it may loosen the fit. Do not pick at wires or bands with your fingers or bite on pencil or pens.
4. With some new appliances there may be initial difficulty in speech which should disappear in day or few days.
5. Remember, all patients with fixed appliance are ordinarily seen on monthly basis for re- evaluation of the bite and fit of bands. If you not were seen for two months or more , please call for appointment.

Conforme: (please write name and signature)