

Patient Compliance Agreement

Dr. Ho's years of training, experience and use of the latest technologies can help you to achieve a Winning Smile. You, too, are part of the team. You can help to ensure the life-long success of your treatment by taking good care of your appliances and following Dr. Ho's instructions carefully.

I, _____, have been informed and understand that:

1. As a good patient, I will be responsible for maintaining good oral hygiene and taking proper care of my orthodontic appliances. I have read the "Taking Care of Your Braces" handout provided by the clinic. I will avoid eating any food which may cause damage to the braces and teeth.
2. It is important to arrive at my appointments on time and wear my removable appliances and elastics to the hours advised. I will follow any special instructions provided to keep my treatment course on time.
3. Sometimes braces may break and the wires may be annoying. I will contact the clinic when breakages occur as soon as possible. I may need to take time off school or work to attend the Breakage Appointment offered by the clinic to address the problem as soon as possible. For urgent situations, I may need to see my general dentist for emergency treatment at my own cost. Regular Appointments may need to be rescheduled to accommodate any changes in circumstances like breakages, which prolong treatment.
4. Rescheduling appointments in all circumstances prolong treatment, including for personal reasons such as school or work commitments, or illness. I will respect the 'Minimum 2-working-day notice' rescheduling policy. I will take time off school or work to attend the soonest possible appointment time, or accept the offered appointment time within my preferred availability that may be week(s) away.
5. Having orthodontic treatment requires patience and discipline on my part as the patient. I will work together with Dr. Ho and the team for the reward of a lifetime's beautiful and healthy smile.
6. If I don't comply with treatment instructions, my treatment will be prolonged.

I understand and agree to comply with the 'Patient Compliance Agreement':

Signed: _____ Date: ____ / ____ / ____

Signed (parents / guardian): _____