MY BRACES DOCTOR, P.C.

ORTHODONTIC SPECIALISTS Nadia N. Sina, D.M.D., M.S.

Hilda Oweisy, D.M.D. (MEMBER, AMERICAN ASSOCIATION OF ORTHODONTICS)

www.mybracesdoctor.com 703-877-0990

3925 Old Lee Hwy, #51 C Fairfax, VA 22030 10630 A Crestwood Dr. Manassas, VA 20109 4300 Plank Rd., #230 Fredericksburg, VA 22407 6525 Frontier Dr., Ste C Springfield, VA 22150

BRUSHING AND ORAL CARE INSTRUCTIONS

Permanent stains, cavities, and gum diseases are all caused by bacteria called PLAQUE. PLAQUE must be removed **4 to 5 times a day** by brushing. Braces make it harder to remove plaque but not impossible. Brackets, Bands, and Arch Wires create nooks and crannies that are harder to reach; therefore more effort and time is needed to brush properly.

The brush should be placed against the teeth at all angles and the bristles should be pushed under and over the wires and between the teeth. Using a soft toothbrush or a toothbrush provided to you, start brushing on the upper arch and brush above and below the braces using a small circular motion. Slowly work your brush towards the front teeth and over to the left side. Brush the insides and biting surfaces. Then work your way down to the bottom arch. Using circular motion, brush above and below the braces until the teeth and braces are sparkling clean. Move the brush slowly toward the front and left side. Then brush the insides and tops of the teeth. Don't forget about brushing the tongue. AND REMEMBER TO TAKE YOUR TIME!!!!! Brushing should be done within 10 minutes after eating or snacking.

When brushing is finished, your braces and teeth should be sparkling and clean!!

REMEMBER, TO BRUSH AFTER EACH MEAL AND SNACK. THAT MEANS AFTER BREAKFAST, AFTER LUNCH, AFTER DINNER, AND AFTER ANY AND ALL SNACKS.

ACKNOWLEDGEMENT OF UNDERSTANDING

I hereby acknowledge that I have been given oral instructions, read, and fully understand the instructions for my own or my child's oral care provided by My Braces Doctor, PC. I further understand that it is ESSENTIAL that these instructions given are followed. I understand that if instructions are not followed carefully, the orthodontic treatment may be compromised. In such case, I hereby agree not to hold My Braces Doctor, PC liable for any and all compromised treatment.

| Patient Name | Date of Birth |
|--------------------------------------|---------------|
| Signature of Patient/Parent/Guardian | Date |