

Has the patient been hospitalized? _____ If yes for what? _____

- Yes No
 Is patient under a physician's care at present? If yes, reason _____
- Is patient currently taking any medication? If yes, describe _____
- Is the patient allergic to any medications? (Ex.: aspirin, penicillin, etc.) If yes, what? _____
- Does patient need to Pre-Medicate? _____

DENTAL HISTORY

Last dental check-up: Dr. _____ Date ____/____/____

- Yes No
 Does the patient gag easily?
- Has the patient ever had treatment for a periodontal disease (gum disease)? If yes, when __
- Has the patient ever had any previous orthodontic treatment (braces)? If yes, when _____
If yes, doctor's name and address _____
- Have there been any injuries to your mouth or teeth? If yes, describe _____
- Has the patient ever been any injury in the head and neck area? If yes, describe _____
- Has the patient ever fallen and bumped your chin, or received a blow to your jaws? If yes,
describe _____
- Has the patient ever had any surgery in the head and neck area? If yes, describe _____
- Do you clench or grind your teeth? If yes, while sleeping or under stress or other _____
- Do your jaw muscles ever feel tired? If yes, when _____
- Do you ever notice soreness, tightness or pain in the muscles around the jaws and face? If
yes, describe _____
- Do you hear clicking (popping) or grating sounds in you jaw joints? If yes, please
describe:

	Right	Left	Since when	During what activity
<input type="radio"/> Clicking:	<input type="radio"/>	<input type="radio"/>	_____	_____
<input type="radio"/> Grating:	<input type="radio"/>	<input type="radio"/>	_____	_____

Did these joints begin gradually or suddenly: gradually suddenly

- Was there some specific event that started the joints sounds? If yes, describe _____
- Has the patient ever experienced difficulty in opening or closing your jaws? If yes, describe _____

- Yes No
 Has the patient jaws ever "locked" wide open? If yes, describe _____
- Has the patient have pain in your jaws joints? If yes, right left since when? _____
- Has the patient pain start gradually or suddenly? Gradually suddenly
- During what activity? _____ Describe nature of pain _____
- What increases the pain _____ What decreases the pain? _____

Does patient have any of the following habits?

- Yes No
 Finger/Thumb sucking
- Nail or Lip Biting
- Tongue thrust habit
- Gum Chewing
- Ice Chewing

Any information you can give our office concerning your child will be appreciated. The more we know about each patient, the more help we can give in managing the orthodontic treatment, both at home and in the office. Also, please include special interests and hobbies:

I, the undersigned, certify that I have read and understand the above medical and dental information, have reviewed it, and find it accurate. If there are any later changed to the patient's clinical history, I recognize that it is my responsibility to inform this office. I also authorize Dr. Ryan, and staff to perform all the necessary procedures deemed appropriate to make a thorough diagnosis of the patient's dental and oral facial needs.

Signature of Responsible Adult

Date

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Appointment Reminders

We now offer appointment reminders by email or text. If you are interested please complete the information below and return to the office. If you are not interested we will continue to call the number given.

Please choose one

For email reminder

Patient Name _____

Email Address _____

For text reminder

Cellular phone no. _____

Consent for Orthodontic Patients and Parents

As a rule, desirable orthodontic results can be achieved with informed and cooperative patients. While recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that orthodontic treatment, like any treatment of the body, has some inherent risks and limitations. These are seldom enough to refrain from treatment but should be considered in making the decision to wear orthodontic appliances. Please feel free to ask any questions.

Proper oral hygiene and plaque removal is a must! Sugars and between meal snacks should be eliminated, as well as very hard or sticky foods. Decalcification (permanent markings), decay, or gum disease can occur if patients do not brush their teeth properly and thoroughly during the treatment period. I recommend that all patients continue to see their family dentist before and during orthodontic treatment for routine dental care.

My goal is to achieve a functional occlusion in every patient. However, in dealing with human beings and problem of growth and development, as well as genetics and patient cooperation, 100% achievement of this goal is not always possible. Therefore, a functionally adequate and esthetically acceptable result must be deemed successful.

It is also important to realize that throughout life, tooth position is constantly changing. This is true with all individuals regardless of whether they have had orthodontic treatment or not. Post-orthodontic patients are subject to the same changes that occur in non-orthodontic patients.

Discoloration and/or dead teeth are seldom related to orthodontic treatment. On occasion, the nerve of the tooth may become non-vital. A tooth that has been traumatized from deep filing or even a major blow can die over a long period of time, with or without orthodontic treatment. A non-vital tooth may flare up during orthodontic movement. Subsequent endodontic (root canal) treatment may be necessary to maintain it.

In some cases, the root ends of the teeth may shorten during treatment. This is called root resorption. Under healthy circumstances, the shortened roots are of little disadvantage. It should be noted that not all root resorption arises from orthodontic treatment. Trauma cuts, impaction, endocrine disorders or unknown reasons can also cause root resorption.

There is also a slight risk that problems may arise in temporomandibular joints (TMJ). Although this is not common, it is a possibility. Tooth alignment or bite correction may improve tooth-related causes of TMJ pain, but not in all cases. Everyday tension appears to play a role in frequency and severity of joint pains.

Occasionally, a person who has grown normally and in average proportions may not continue to do so. If growth becomes disproportionate, the jaw relation can be affected and original treatment objectives may have to be altered. Skeletal growth disharmony is a biological process, which may be beyond the orthodontist's control.

Headgear instructions must be followed carefully. A headgear that is removed while the force is attached can snap back and result in serious injury to the face or eyes. Be sure to release the headgear carefully in the sequence as instructed in our office. Lets make every effort to do this right! It takes cooperation from everyone - orthodontist and staff - as well as the patient and his or her family.

Thank you, in advance for your cooperation in this matter

PATIENT'S NAME _____

PARENT OR GUARDIAN _____

ADDRESS _____

SIGNATURE _____ DATE _____

THIS FORM HAS BEEN APPROVED BY THE CONNECTICUT SOCIETY OF ORTHODONTICS