Orthodontic Training & Development Manual

Raising the Standard in Children’s Oral Healthcare

D4C Dental Brands, Inc. v_10012020
Mission, Vision, Values

**SHARED PURPOSE:** Helping Children achieve a lifetime of great oral health.

**VISION:** Raising the Standard in children’s oral healthcare.

**VALUES:**
- Patient first. Advocate for children.
- Outcome driven.
- Engaged & accountable.
- Mutually respectful.
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Welcome to the D4C Dental Brands family! We are excited to have you as a member of the team. Your contribution will significantly impact the life of each and every patient you encounter as we strive to Raise the Standard in Children’s Oral Healthcare by delivering high quality service to our patients.

In November 2010, D4C Dental Brands, was formed as the original DSO for ‘Dentistry for Children’ in Atlanta, GA. We currently support over 200 doctors treating children, over 150 offices and are located in 11 different states with all our affiliated practices being doctor owned and doctor operated.

D4C Dental Brands is a DSO or ‘Dental Support Organization’ that contracts (affiliates) with doctor practice-owners to provide support. We are the largest and fastest growing specialist DSO focused exclusively on supporting orthodontics and pediatric dental offices.

Again, we are very excited to have you onboard, and look forward to accomplishing great things together. Please never hesitate to reach out at any time if there’s anything we can do to support you.

Kind regards,

Michael Lindley, CEO
Introduction

As Healthcare professionals at D4CDB, our #1 focus is to provide quality care and to ensure our families have an optimal experience at our practices. The purpose of this training manual is to provide you with the necessary tools for your role. There are 5 P’s that signify …

**Patients** – Since our inception, we have been and remain focused on supporting doctors in providing the highest quality service and care for all Patients. Our integrated approach of pediatric, orthodontic and oral surgery services enables us to deliver a full spectrum of oral healthcare to the communities we serve.

**People** – We not only hire great People, we provide support, training and a safe environment for healthcare professionals to accomplish what they have a passion for – taking care of Patients.

**Providers** – The Providers we support are specialists in their respective field, but more importantly, they are passionate about the quality of service and commitment to the mission of helping their Patients achieve a lifetime of great oral health.

**Process** – Our best practices and solution oriented operational policies allow us to implement consistent Processes that deliver high quality services for the Providers we support and the Patients they treat.

**Performance** – By having a Patient centered focus, having incredible People on our team, a cadre of specialist Providers and proven Processes, we are confident that our Performance is second to none in the industry.

Given we are an organization that primarily serves children, we encourage our team members to have fun! Developing lasting relationships with parents, caregivers and children significantly impacts our organization. You are part of a greater purpose of positively affecting a child’s life and laying the groundwork for a lifetime of great oral health. The role you play is extremely important and your hard work is appreciated.
Section I – The Patient Experience

D4C’s Ways to Create the W.O.W! Experience for our Patients

- Welcome!
  - Greet every person with a smile.
  - Be an active listener & practice effective communication to connect with the patients.

- On Stage!
  - Remember, you are on stage. Play the part!
  - Patients are always aware and observing.

- Ways to Get to YES!
  - Be an expert on your product.
  - Find a way to say YES to patients' requests & needs.
The D4C Experience

In every interaction we strive to provide an excellent customer service experience for the patients and their families. We not only want to ensure our teams are warm and welcoming, but that we are also fostering a learning environment in which families make the most informed decisions for their children. Everyone should feel important while under our care. Every patient visit should be thorough and comprehensive. This level of patient engagement and experience allows us to develop lasting relationships with patients and their families. It is created when they encounter an experience that exceeds their expectations. This ensures that we are consistently and collectively working towards our shared purpose of “Helping Children Achieve a Lifetime of Great Oral Health”.

As we know, first impressions are paramount in establishing lasting relationships. The D4C Experience starts from the time they first contact D4C. Our team members should be caring, knowledgeable, thorough and timely. There are a series of questions to ‘ask’ parents or caregivers and there are a series of items to ‘tell’ them about the practice. This is our golden opportunity to create a positive experience from the start.

When they arrive and walk in the door, they should be impressed with the condition of the office and the people who they meet. The Front Office Coordinator should be professional in both appearance and in their interactions with patients. They should stand and greet the patient, check them in and make them comfortable in the reception area by showing them around, offering them something to drink and helping them with the TV, video game, iPad, toys, etc. Patients should feel comfortable and should not wait more than 10 minutes beyond their scheduled appointment time. If waiting time exceeds 10 minutes, it is important to communicate with the patients and their families while they wait and establish a friendly rapport.

The patient’s experience throughout the office should be positive. The entire office should be neat, clean and in excellent condition. This involves paying attention to the little details like burned out light bulbs, debris on the carpeting and messy bathrooms. This requires vigilance and accountability on the part of the team and a willingness of everyone to keep things in order. Our teams should take pride in where they work. Bathrooms should be monitored throughout the day. Hallways should be vacuumed or swept. Doors to break rooms, closets, and storage areas should be kept closed. Labs should maintain a neat appearance. It is important to realize that all of these things form an impression on new patients when they tour the office and existing patients as they return for any orthodontic service. It is important that care, pride and high standards are reflected in the appearance of the office, so patients and families know what to expect from the services they receive.
D4C recognizes that employees’ attire, grooming and appearance affect the safe and professional execution of services provided and reflect on the organization’s business image. Therefore, staff members shall present a professional appearance and maintain the highest level of personal grooming and hygiene at all times. Teams must also be aware that everything they say and do in the office is on display in front of our patients and their families. Employees must use caution when discussing sensitive matters; those conversations are to be held behind closed doors.

Employees should be friendly and greet patients by their name. Patients should feel as though they are special to us and their care is our primary concern. Our hospitality should extend to patients and all members of the patient’s family who accompany them to their visit. They should feel welcome, comfortable and important. From the time a patient or family member walks in the door of the office until the time they leave, they should feel as though they are someplace special. It is important to remember that outstanding customer service, being engaged and positive with patients is a skill, not a personality trait, just like any other in a job and is an essential part of every D4C members job description to provide while working. Patients are accustomed to visiting Doctors’ offices where they are left to wait for extended periods of time, then rushed through their appointment as though they were just a number. At D4C Dental Brands, our patients matter and they should feel that while they are here. Our patients spend a considerable amount of time with us over the course of their adolescence or orthodontic treatment, that experience should be positive and uplifting each and every time. When they complete treatment or graduate to a general dentist, they should readily recommend their D4C supported practice to all family and friends and feel as though they leave us as a friend. Our patients are our number one priority as they are the reason D4C Dental Brands started and we continue, “Raising the standard in Children’s Oral Healthcare.”

5 Star Service
Think of a time when you received excellent customer service and what components created that scenario. We want our teams to be happy where they work, knowledgeable of our services and strive to deliver the best possible patient experience. These five steps comprise a 5 Star Service experience. Collectively, we should aim to deliver this each and every time we engage with patients and their families.

- Be Kind and Engaging
- Anticipate Your Customer’s Needs
- Be Knowledgeable of Your Services
- Be Part of the Solution
- Be Positive, Present and Poised to Help
The Administrative Team’s role in delivering an excellent patient experience.

*How important do you think first impressions are?*

*Think about a time when your first impression was less than expected.*

The D+C Dental Brands Front Office Coordinator is a very important part of the patient process. The FOC is the first point of contact, and often the last point of contact, for the patient and their families as they enter the office. The FOC and the lobby of the office give the patient their first impression. Every FOC supports the day-to-day operation of the communication between the front office and the back office. It is the role of the Front Office Coordinator to stand, greet and explain the paperwork process to the patient or patient’s guardian. It is also their role to engage the patient and their families in casual conversation, offer assistance where needed and begin to create the experience with the patient and their family. The FOC has the unique opportunity to provide the first and last impressions for a patient which are often most crucial in how a patient views their experience.

It is your goal as an FOC to:

- Have fun and entertain the patient and family while they wait
- Gather information that will assist the rest of your team members in making a connection
- Help relieve any anxieties by putting them at ease and making them feel comfortable
- Provide a smooth check-in and check-out process helping the families to navigate scheduling and any additional questions they may have.

**New Patient 1st Phone Call:**

- “Thank you so much for calling and let me be the first to welcome you to our practice! I’ll just need to gather a little information; this will take about 5 min; is this a good time?” (Personalize & Empower)
- “How did you hear about our office?” (Empower Referral Source!) “Oh we love the Smith family, that’s wonderful!” or “We love Dr. Smith, he is so much fun and his waiting room has so many cool games!”
- “Mrs. Jones, please allow an hour for the appointment. Dr. Jones and our Treatment Coordinator will do an extensive exam and if Dr. Jones thinks Suzy is ready, and you are ready, we will go ahead and get her started.”

**Check In**

- Greet the patient with the smile immediately upon arrival and introduce yourself
  - “Good Morning Mrs. Johnson and good morning Suzy. I’m Sarah and I’ll assist in getting you checked in for your visit.”
- Engage the patient by building a rapport with them and their family
  - “It’s really great to see you again. How’s your summer going?”
- Set expectations for the next step in their visit
• “We’ve got everything we need and I’ve let the clinical team know you’re ready. Our dental assistant will be out to greet you shortly.”
• Handoff to your team member by briefing them on what you have learned
  o “Jeff, Suzy has had a great summer so far and has been a big swimmer this year. Mrs. Johnson doesn’t have any specific concerns today, she just wants to know how Suzy is progressing.”

Check Out
• Clinical Team handoff to Administrative Team
  o “Hi Mollie, Suzy did great today and we are excited with how great her treatment is progressing. Dr. Jones would like to see Suzy back in 6-8 weeks for a 30 minute appointment to make adjustments to her braces. Dr. Jones reviewed continuing to wear elastics, he’s hopeful at the next visit if she’s been great at wearing them that we will be done with them! Mrs. Johnson, do you have any questions for me or Dr. Jones? Excellent, thanks for being such a great patient, I’m going to turn you over to Mollie, our scheduling expert, she will help schedule an appointment that works best for you all!”
• Ensure all expectations were met and they were pleased with their service
  o “How was your visit today? Great to hear.”
  o Or, “I’m sorry to hear that, let me address that for you right away.”
• FOC schedules next appointment
  “Let’s get Suzy’s next appointment scheduled. As Jeff mentioned, Dr. Jones would like to see Suzy back in 6-8 weeks. That puts us around the middle of August. Is there a timeframe you prefer, morning or afternoon? Dr. Jones has a 10:00am on Tuesday or 11:00am on Thursday. Which of these would work best for you?” (Try to keep control of the conversation while providing accommodating verbiage to direct them).
• Conclusion of Patient Experience
  o “We really enjoyed seeing you today and look forward to seeing you at the next visit. Have a great rest of your day!”

The Clinical Team’s role in delivering an excellent patient experience.

*How important do you think reducing dental anxiety is?*

Think about a time when you were anxious about a doctor’s visit and what would have helped. The D4C Dental Brands clinical team plays a very important part of the patient process as well. You are initiating and walking the patient through their treatment. Having the ability to reduce fears, create a fun environment and deliver clinical knowledge is paramount to the overall patient experience. Orthodontic clinical leads, orthodontic assistants and record and sterilization assistants collectively support the day-to-day clinical flow and patient education process. It is extremely important that our patients and families feel well cared for, understand their orthodontic needs and receive their services in a timely manner. These supportive roles ensure our doctors are comprehensive and efficient in providing dental care.
• Seat the patient on time, introduce yourself and touch on something you learned
• Set expectations for their time in the treatment area
• Engage the patient by starting the education process
Handoff to your team member, by repeating the future treatment needs and any pertinent information

Conclude by ensuring all of their clinical questions have been answered

The Clinical Visit

Seat the patient on time, introduce yourself and touch on something you learned
  o “Hello Mrs. Johnson and Suzy, I am Jeff your assistant. Suzy, I hear you’ve been quite the swimmer this year. That’s really awesome!”

Set expectations for their time in the treatment area
  o “Today we’re going to change out Suzy’s wires and make some adjustments to her braces. Suzy, how has it been going with wearing your elastics? Any concerns or issues you want me to ensure Dr. Jones takes a look at today? I’ll ensure the doctor addresses that with you. This will be a fairly quick, fun visit, taking about 30 minutes.”

Engage the parent and patient by reiterating what the doctor discussed
  o “Mrs. Johnson, as Dr. Jones discussed, Suzy has been doing a really great job wearing her elastics and we have seen a lot of progress in correcting her bite. He wants her to continue wearing the elastics like a rock star for the next 6 weeks and then will evaluate to see if we’re done with them!”

Conclude by ensuring all of their clinical questions have been answered
  o “Mrs. Johnson, I’ve given Suzy more elastics and some additional wax today, do you have any additional questions for myself or Dr. Jones? Great, I’ll now walk you to the front to get her next visit scheduled.”

Check Out

Handoff to your team member, by repeating the future treatment needs
  o “Hi Mollie, Suzy did great today and we are excited with how great her treatment is progressing. Dr. Jones would like to see Suzy back in 6-8 weeks for a 30 minute appointment to make adjustments to her braces. Dr. Jones reviewed continuing to wear elastics, he’s hopeful at the next visit if she’s been great at wearing them that we will be done with them! Excellent, thanks for being such a great patient! I’m going to turn you over to Mollie, our scheduling expert, she will help schedule an appointment that works best for you all!”

Framing a Conversation

One of the greatest challenges of living and working together is that we often unconsciously assume that our perception is consistent with everyone else’s perception and reality. We get frustrated when others don’t see situations the way we see them.

Part of the reason we have so many misunderstandings is because we each see the world from a different vantage point. That vantage point gives each of us our own unique set of values, beliefs, interests, and experiences- our own particular “frame” or understanding. How a patient or team member experiences every interaction with you depends on the frame through which they view you. Do they trust you? Do they like you? Do they feel you are looking out for their best interests?

| PATIENT | PEOPLE | PROVIDER | PROCESS | PERFORMANCE |
Creating Context

Our frame of understanding is driven by context. Context encompasses those elements that comprise one’s personal experience. These include such things as our assumptions, beliefs, values, personal interests, motivation, cultural background, academic background, professional training, and life experience. It is true what they say, perception is reality.

The opening of any consult, meeting, or discussion sets the tone and direction for the entire interaction. Whether this is an interaction with a patient, another team member, a direct report, or a supervisor. Often, people make the mistake of assuming someone knows the reason they are there, or knows what will be happening in the meeting, consult, etc. That also creates potential misunderstandings that that person is ready, willing, and able to participate proactively in the discussion. As a result, people often times too quickly jump to the first topic without taking time to establish a warm climate and/or to set the expectations. This mistake often leads to confusion, resistance, and frustration among all parties.

The objective of Framing is to clarify expectations and to align all meeting participants. Effective framing includes the following elements:

1) **Build Rapport**: All participants must feel connected. Ensure introductions are completed and a small connection has been made.

   **Example**: “Hello, Sarah. How are you?”
   
   *Pause to listen*
   
   “Thank you for taking the time to bring Johnny to see Dr. Smith today. How has your visit been so far?”

2) **State Objectives**: Explain the purpose of the meeting or consult.

   **Example**: “An important part of my job is to help patients understand their treatment needs and walk them through our process and next steps.”

3) **Agenda**: What are the topics to be addressed?

   **Example**: “I’ll go through the treatment options with you and ensure to answer any questions you may have. Then, we’ll review your insurance coverage so you have a clear understanding of your benefits and estimated out of pocket expenses. Lastly, we will discuss scheduling so we’re able to work any needed treatment into a convenient timeframe for you.

   **Invite a response**: “How does that sound?”

4) **Outcomes**: Explain what will be accomplished by the end of the meeting or consult.

   **Example**: “Our goals for today are to ensure you have a clear concise treatment plan, an explanation of your benefit coverage for the recommended treatment, and that we get your treatment scheduled so that cavity does not get any bigger.”

5) **Timing**: Time frame for how long the meeting or consult should take.

| Patient | People | Provider | Process | Performance |
Example: “I want to be respectful of your time. Our consult should take about an hour.”

Invite a response: “How does that work for you?”

Providers
The Providers we support are specialists in their respective field, but more importantly, they are passionate about the quality of service and commitment to the mission of helping their Patients achieve a lifetime of great oral health. It is paramount that we provide an exceptional level of support to our providers. Getting to know your doctors individual preferences is key to providing support. Take the time to get to know your doctor using these tools

Your role in the treatment plan presentation is to:
- Reinforce the treatment needs the doctor has diagnosed for the patient.
- Break down any barriers that would prevent the parent or patient from completing treatment.

Common Barriers to Accepting Treatment
- TIME- Often times patients schedules are so challenging that it can be difficult for the patient to schedule a follow up visit to have their treatment completed.
  - Example Verbiage: “I understand you have limited availability and we need to find a way to work this treatment into your schedule. Fortunately, Dr. Jones can go ahead and start your treatment while you’re here today. That way, you can avoid having to come back for a separate appointment. How does that sound?”
    - If they are not able to start treatment same day:
      - Example Verbiage: “That is not a problem at all. I will schedule your appointment at a more convenient time. Are Tuesdays still typically the best days for you? Great! I have an opening next Tuesday at 10:00; How does that sound?”

- FINANCES- A patient’s financial situation is a very common barrier to accepting treatment. It is our job to be the patient’s financial advocate so they feel comfortable accepting treatment from us.
  - Example Verbiage: “Part of my role is to help you find a way to work the needed treatment into your budget. The good news is, you have excellent insurance that is going to cover a substantial portion of the treatment cost…”

- FEAR- Many patients, both adults and parents of youth, have a fear based on lengthy treatment commitment and fees. They sometimes fear they are not candidates as myths circulate about complex treatments needing complicated surgical outcomes that are painful and beyond reach. As specialists, it is our responsibility to help ease our patient’s anxiety so they feel safe to proceed with the treatment they need.
- **Example Verbiage:** “I understand this treatment may be scary. Dr. Jones is specially trained to offer you choices that fit both your lifestyle and budget so you can achieve that smile you or your child want and deserve for function and aesthetics. We offer solutions such as Invisalign or traditional braces to achieve a painless, quick, and financially achievable outcome. We use gentle, predictable forces, like a gentle hug on your teeth to guide them into their forever position. There should be no reason in our office that fear or finances get in the way of your smile journey.”

- **Additional Example Verbiage:** “As Specialists in Orthodontic treatment, we are professionally trained to help our young patients understand their treatment in a positive way. We first tell our patients what we are going to do. We then we show them what will be happening. All of this is done to acclimate them so they are mentally ready when we actually perform the procedure.”

**VALUE/ DENTAL UNDERSTANDING**- Many patients or parents will not understand the importance of treatment as something more than cosmetic or that timing is not important. These are examples of times we have not done a good enough job showing them the value of treatment and explaining the future implications of not pursuing treatment.

- **Example Verbiage:** “I understand treatment may not be feasible at this moment or that you may want to discuss further with your spouse or family the options. Let’s review together the reasons treatment is so important for your long-term health so you have all the information available to make a decision”

- **Additional Example Verbiage:** “I understand treatment is a big decision and I know Dr. Jones wants to ensure we provide the best care for Johnny. Since the timing of this treatment is so important based on his growth and development, why don’t we review together the reasons treatment is so important for Johnny’s long-term dental health so you have all the information you need to make a decision.”
Section II – Welcome to Orthodontics
The Value of Orthodontics

While Orthodontics is often viewed as a “cosmetic choice,” straight teeth and properly aligned jaws contribute to great oral health as well as overall physical health. Orthodontic treatment can boost self-esteem, as the appearance of the patient’s smile improves as teeth move into an ideal position. Orthodontic treatment offers the unique opportunity to greatly improve someone’s long-term dental health while also improving their confidence and perception of themselves.

D4CDB Orthodontic Division Treatment Philosophy

- Achievement of the best results for each patient based on our knowledge of current orthodontic technology and concepts
- Advocates for the best balance in facial esthetics, occlusal harmony and temporal-mandibular health when appropriate
- Benefits of orthodontic treatment are both physical (improved function and appearance) and psychological (improved health and self-esteem)
- Our trained staff will work to treat patients as individuals, addressing their unique needs and concerns
- Patient satisfaction is the best measure of the treatment the Orthodontists provide
- Satisfaction of each patient and parent is the responsibility of EACH member of the D4CDB Orthodontic team
- We will use a combination of internal and external marketing techniques to grow the practice, delivering our message of convenience, quality care and personal service.
- Every patient interaction is a marketing opportunity to grow the practice family.
- Each Orthodontist will be responsible for marketing his or her offices in conjunction with the marketing strategies currently in place by the marketing team in that area
- Patients will receive a breakdown of the fees up front so they may understand the costs involved and the value received from orthodontic treatment, as well as the financing options available to them.
- We create a friendly and caring environment for both the patients and employees

We request that you keep an open mind when working, be willing to engage your colleagues, and have the ability to put the patient’s best interest first.
Tooth Chart

Diagram of the Tooth Numbering System
(viewed as if looking into the mouth)

Labial Surface

Buccal (Facial) Surface

Maxillary Arch
(Upper Jaw)

Mandibular Arch
(Lower Jaw)

Occlusal Surface

Central Incisor
Lateral Incisor
Cuspid
1st Bicuspid (Bi-Rooted)
2nd Bicuspid (Single Rooted)
1st Molar
2nd Molar
3rd Molar

Top Right (TR) Quadrant I
Top Left (TL) Quadrant II

Bottom Right (BR) Quadrant IV
Bottom Left (BL) Quadrant III

Incisor Surface

Median Line

Adult Dentition = Permanent teeth 1-32
Child Dentition = Primary teeth A-T
Wisdom Teeth = 1, 16, 17, and 32

Single Rooted
Bi-Rooted
Single Rooted

Patient People Provider Process Performance
Palmer Numbering System
Each permanent tooth is described by its quadrant and the corresponding number (1-8). For instance, the maxillary right canine is called, “upper right number

As stated above, each primary tooth is described by its quadrant and the corresponding number (A-E). For instance, the maxillary right canine is called, “upper right number C.”

Recognizing Common Orthodontic Problems

Types of Treatment

Diagnosis & Treatment Plan Documentation
The Orthodontist should have a template for each type of treatment proposed; if not, collaborate with the Orthodontist to create these together.
Two Phase Orthodontic Treatment

Problems that will eventually need orthodontic attention can become obvious long before a child has all of their permanent teeth. Depending on the type of problem a child has, an Orthodontist may recommend two-phase treatment. It means that treatment is done at two different times, often to take advantage of predictable stages of dental development and physical growth.

The American Association of Orthodontists (AAO) suggests all parents understand the following about Two Phase Treatment:

- Two-phase orthodontic treatment is for kids, but not all kids.
  - Most orthodontic problems can be treated in one phase of comprehensive treatment, however there are a few exceptions.

Phase I

- Phase One, also known as “Interceptive” or “Early” treatment means treatment performed while some baby teeth are still present. Interceptive treatment can be in the patient’s best interest if their problem is one that could become more serious over time if left untreated. The goal of early or Phase I treatment is to intercept the developing problem, eliminate the cause, guide the growth of facial and jaw bones, and provide adequate space for the tongue and incoming permanent teeth.
  - Helps reduce the need to pull permanent teeth in the future.
  - Some problems that can be treated quite well in a growing child but may require corrective surgery if treatment occurs after growth ends.
  - Normalize the relationship of the upper jaw to the lower jaw. (Under bite)
  - Damaging pressure can move teeth in the wrong directions and/or change the shape of the bone that supports teeth.
  - Tuck in upper front teeth that stick out to reduce the risk of those teeth being broken or knocked out.

- Moving baby teeth is not done for the sake of their appearance.
  - While baby teeth can move during Phase I orthodontic treatment, their movement is part of the process to ensure sufficient space for permanent teeth.

- Phase I treatment begins when a child still has some baby teeth.
If an appliance is used in Phase I care, it could be a form of braces or another fixed appliance, or a removable appliance. The type of the appliance used depends on the needs of the individual patient.

- Some children may need to have baby teeth removed to clear a path for the permanent teeth to come in.

A resting period follows Phase One orthodontic treatment.

**Phase II**
The goal of Phase II treatment is to ensure teeth are in their proper places for good function, a healthy bite and pleasing appearance. The AAO recommendation is that all children have their first check-up with an Orthodontist no later than age 7. If an orthodontic problem is developing, they will be able to monitor growth & development so that the child can have the most appropriate treatment at the most appropriate time.

- Phase II of orthodontic treatment usually begins when most or all of the permanent teeth are in.
- Following Phase II, patients enter into retention and are given retainers and instructions for wear that should be continued throughout their lifetime.

**Comprehensive Treatment**
Comprehensive treatment is the most common form of orthodontic treatment both children and adults receive. Comprehensive treatment typically starts once all adult teeth have erupted (or are close to), but in some cases may begin while a child is in mixed dentition if the orthodontist sees a need to do so without splitting it into two phase treatment. The purpose is to address both upper and lower teeth, bite and any other underlying orthodontic issues a patient may have in one treatment plan. It may be with braces, Invisalign, a variety of appliances or a combination of these. Patients in Phase II treatment may have very similar treatment as a comprehensive treatment patient; however, the difference is that a phase II patient previously had a round of early treatment prior to Phase II where as a comprehensive patient has not previously had early treatment as a child. This is not the same thing as someone who has relapsed and is being retreated which is addressed below. Following comprehensive treatment, patients enter into retention and are given retainers and instructions for wear that should be continued throughout their lifetime.

**Limited Treatment**
Limited treatment refers to treatment that does not plan to address all teeth or all orthodontic issues. Limited treatment is most often offered due to compromised dental issues such as significant implants, health risks or other issues that make it impossible to fully correct all the issues; however a more limited plan has been created by the orthodontist to address the patient’s biggest issues. Limited treatment can also be a compromised treatment plan if a patient does not want to pursue full treatment or if an orthodontist only believes something limited is needed. Limited treatment is typically much shorter in duration than comprehensive treatment.

Examples of limited treatment include:

<table>
<thead>
<tr>
<th>PATIENT</th>
<th>PEOPLE</th>
<th>PROVIDER</th>
<th>PROCESS</th>
<th>PERFORMANCE</th>
</tr>
</thead>
</table>
- A patient may have multiple implants on their upper arch but have come in only concerned by lower crowding. The orthodontist may decide to offer a lower arch only treatment plan while leaving the upper arch as is.
- An adult patient is bothered only by upper crowding and does not care about their bite being off. An orthodontist might discuss with the patient that correcting their bite would be timely and difficult so if this does not bother them, a limited upper arch treatment plan (or upper and lower arch plan) can be offered that does not comprehensively address everything but does address the current issue.
- A child patient may need an appliance to assist with a thumb habit but it is too early to enter a full phase I treatment. The orthodontist may recommend a short limited treatment just to address this.

The most important factor of limited treatment is clearly addressing the goals, limitations and risks of treatment as it is specifically not meant to address everything.

- Charting these factors and the conversations had between the doctor, TC and patient is crucial.
- Documenting clearly on the contract what is and is not covered under the limited treatment.
- In more unique or specific cases, a treatment letter with these specifics should be created as an additional page to the contract that the patient signs understanding the treatment plan and any specific goals/risks.

Re-treatment

Despite our patients best efforts, lost retainers and relapse of orthodontic treatment will occur for some of them. Retreatment is for patients who have already gone through treatment with the same office and need an additional round due to relapse or new issues bothering them. This is why it is so important to remind patients throughout their treatment process how important retainers are following treatment, so as to limit the number of retreatment cases as well as their severity. The sooner a patient calls after losing or breaking a retainer, the more likely their relapse is to be extensive. Retreat cases should be brought in as a consult and a new treatment plan, contract and treatment fee should be presented.

Invisalign

Invisalign is a patent protected formula for clear aligners that are used in place of traditional braces. While other companies make similar clear aligners for treatment, Invisalign is currently the largest and most used by our practices. Much like different types of brackets used for braces, Invisalign is just a tool being used by the Orthodontist to help align the teeth. It is important in our communication with patients to always express that it is the Orthodontist treating the patient and moving the teeth, not Invisalign. The use and difficulty of a case for Invisalign is at the discretion of the doctor as to if it is the best option for the patient or can be offered as a form of treatment. In most cases, Invisalign will take the same amount of time as braces as long as the patient is compliant. Invisalign can be used to treat both children and adults, with the most typical cases being comprehensive or limited treatment.
Invisalign Process

When Invisalign is chosen, the following steps typically occur:

1. The iTero scanner is used to take a 3D image of the patient’s teeth and bite. The orthodontist can then use this to treatment plan out all the movements aligner by aligner for the patient.

2. It will take 4–6 weeks for the first series of aligners to be ready to deliver to the patient. Additional “appliances” may be used along with the aligners depending on the complexity of the case.
   a. Attachments- clear “handles” bonded to some teeth to provide more torque or leverage to the aligner
   b. Elastic cut outs- to be able to wear rubber bands with the aligners
   c. Bite turbos- small ledges on the back of the aligner to help level the patient’s bite

3. In most cases, at the patients insert appointment, the entire first series of aligners will be given to them (20-30- sets of aligners) and the patient will be given instructions on how often to change them (every week or every 2 weeks). This is done so that the patient’s treatment will not be hindered if they miss an appointment; however, it should be emphasized that the patient must come for their appointments as these are important for the Orthodontist to track progress and make adjustments. Aligners should be worn 22 hours a day, only being taken out to eat, drink and brush teeth.

4. The patient will be seen for appointments every 6-12 weeks until they are nearing the end of their series of aligners, or if the aligners stop properly fitting. At this time, the patient will be rescanned (refinement scan) for more aligners to be made to continue their treatment.

5. At the end of treatment, just like braces, retainers will be made and the patient will enter into retention.

The largest opportunities for Invisalign may appear cosmetic but they also offer a great opportunity for improved hygiene as they can be removed to thoroughly brush teeth. They also tend to have less discomfort over the course of treatment as it is much smaller week to week movements and smoother against the gums. Many report initial discomfort is about the same as braces until their teeth get used to the pressure of the aligners. The more the aligners are worn the less discomfort typically as the teeth become more accustomed to the constant pressure. Unlike braces, it leaves compliance entirely in the hands of the patient, so if they are not being worn, no progression will occur. It’s also important to note that risks with hygiene can be just as severe as with braces if a patient does not follow care instructions.
iTero Scanner

The iTero scanner allows for a 3D image to be captured of a patient’s teeth in place of an impression. This can then be used not only for aligners but also for appliances or diagnostic records. How to take a scan is outlined under the Charting & Records section of this manual.

In addition to the above uses, the iTero scanner can also be utilized as a great resource during consults to show a detailed look at current dental issues as well as give a simulation to show patients a rough estimate of what their finished treatment would look like. It is always important to tell patients when showing them the simulation that this is based only on the software’s mathematical calculations where as in real life, the great benefit of seeing a specialist for treatment is that the Orthodontist uses their years or experience, skill and knowledge to provide the best results based on a number of factors unique to each individual patient.

D4C’s best practices recommends scanning any consult patient as part of their initial records if they have full adult dentition or have been referred for early treatment. The scan can also be used by the pediatric side in combo offices for appliances, as well as to scan potential patients for ortho who cannot be seen for same day consults. Doing this engages the patient and their parent and gives them more incentive to schedule and follow through with an orthodontic evaluation. Given that scanning is a very simple 10 minute procedure, it is recommended that all staff, including the front desk, be trained to scan so that anyone can assist when needed.

Click here for training video resources for iTero scanning, simulator & other tools

Potential Risks of Orthodontic Treatment

Your Orthodontist and staff are dedicated to achieving the best result for each patient. As a rule, informed and cooperative patients can achieve positive orthodontic results. While recognizing the benefits of a beautiful healthy smile, you should also be aware as with all healing arts, orthodontic treatment has limitations and potential risks. One of the Ortho Treatment Coordinator’s duties when going over recommended treatment is to utilize the Patient Information and Consent form with the parent to notate any possible compromises in treatment.

- During the initial examination, the Orthodontist may identify potential treatment limitations or risks. The Ortho Treatment Coordinator will place an asterisk (*) by the risk or limitation on the Informed Consent and briefly go over this with the patient/parent so that they are aware. If necessary, the Ortho Treatment Coordinator may also notate any specific requests or discussions on the notes section of the Informed Consent.

- All limitations or potential risks discussed by the doctor must be notated in the patients chart as well.

Compromise Treatment Types

- Dental Extractions
Orthodontic Appliances

1. ACRYLIC RETAINERS

**Upper Hawley Retainer**
The standard upper Hawley Retainer has a labial bow constructed from .028” or .030” wire, and a set of clasps for retention. The labial bow crosses through the occlusion, distal to the cuspids, and the loops provide adjustment capability. “C” clasps are typically used on the first molars, crossing the occlusion between the first and second molars.

**Lower Hawley Retainer**
The lower Hawley also has a labial bow constructed from .028” or .030” wire crossing distal to the cuspids. A heavier .036” wire forms a lingual support bar, with the terminal ends providing occlusal stops on the first molars. Clasps may be used on the lower Hawley, but typically are not provided in the standard design, as the appliance “snaps” into place.
Upper Spring/Hawley
The upper Spring/Hawley is constructed by extending the lingual wire of the Spring Retainer into the acrylic palate for anchorage. A cut is made between the lingual of the Spring Retainer and the acrylic palate, so that only the wire connects the two sections.

Lower Spring/Hawley
To construct the lower Spring/Hawley, the horizontal wires crossing the lingual of the anteriors are bent down and enclosed into the lingual acrylic section. The posterior acrylic is processed identically to a lower Hawley, with a horizontal cut separating the anterior from the body of the acrylic.

2. CLEAR/INVISIBLE RETAINERS
Invisible Retainers are 0.25–1.0mm pressure-molded acrylic appliances used on either arch. They are effective at any state of treatment when absolute stabilization is required, or during transition from one phase to another. Similar to the Invisible Retainer is the Essix™ Retainer, a heat/pressure formed appliance made from a special plastic material.

Invisible Retainers
The acrylic is heat-molded directly to the construction model with a vacuum or pressure machine such as the Biostar. The arch is cut from the blank below the gingival margins on the anterior and posterior teeth.

3. BONDED LINGUAL RETAINER
Fixed Lingual Retainers are used to prevent crowding and rotational relapse. There are several appliance variations of this concept depending on the clinician’s preference.
4. FIXED APPLIANCES

**Rapid Palatal Expander (R.P.E):** Used to expand the palate (roof) of the mouth. Bands are fitted on both first bicuspsids and first molars in the upper arch. Impressions are taken with the bands in place. The bands are then removed and placed in the impression. Stone is poured in the impression to form a model. The bands are put back on the first bicuspsids and first molars and then the appliance is seated into place. The appliance is designed with four bands and an expansion screw in the center. The patient activates the appliance themselves with a special key inserted into the appliance which turns and expands the appliance.

**Hyrax RPE:** The Hyrax is an all-metal appliance with an expansion screw soldered to bands on the first bicuspsids and first molars. The standard design has lingual support bars placed from the bicuspsids to the first molars. The center expansion screw is available in two sizes, 7 and 11mm.

**Hyrax-Mixed Dentition**
In the mixed dentition, the Hyrax is fabricated with bands on just the first molars. The distal arms of the screw are soldered to the bands. The mesial wire sections are bent to contact the first deciduous molars. Lateral stabilization wires also are placed as shown.

**Arch Length Maintainer (A.L.M) or Lingual Holding Arch (L.H.A):** Prevents the loss of arch length when teeth are lost prematurely. It is usually made with molar bands with a lingual wire.

**Quad Helix:** Used when expansion is needed on the maxillary (upper) arch to correct a cross-bite. It allows one side to be corrected (unlike the palatal expander that works on both sides.) Bands are fitted on both first molars. Impressions are taken with the bands in place. The bands are then removed and placed in the impression. Stone is poured in the impression to form a model with the bands fitting on the first molars of the models. The appliance is inserted and cemented into place using the molar bands. The doctor activates the appliance by adjusting the extensions that fit next to the cuspid to molar area.

**Herbst**
A popular Herbst design utilizes stainless steel crowns to anchor the appliance. By using the crowns, the Herbst is adapted easily to patients of all ages, and is especially effective in the mixed dentition where bands may not be feasible. Stainless steel crowns also offer one of the strongest and most durable Herbst designs. This facilitates adding auxiliaries such as expansion screws and archwire tubes, which increase the scope of appliance application.
Crown Herbst
The appliance design and laboratory construction with stainless steel crowns is similar to when using bands, with slight variations depending on which teeth are present. Crowns are fitted to the upper first molars and lower first bicuspids with bands placed on the lower first molars for support.

Haas Expander
The Haas design (per Dr. A. J. Haas) incorporates palatal acrylic on each side of the upper vault, in combination with the expansion screw soldered to bands on the bicuspids and molars. This design exerts positive pressure evenly on the palatal tissue and teeth.

Nance Holding Arch
A stabilizing wire traverse the palate extending forward to the first bicuspud area. The wire is soldered to bands on the first molars, with an acrylic button processed over the wire in the front of the palatal vault. This provides stabilization to the arch and prevents mesial movement of molars during transition.

5. HABIT APPLIANCES:
Metal Appliances used in the correction of “habits” typically are fabricated for younger children. These appliances are designed to counteract functional problems such as tongue thrusting and positioning and finger habits such as thumb sucking.

Anterior Tongue Crib
Used primarily on the upper arch to restrain the tongue from excessive anterior movement. A .040” support arch wire first is soldered to bands on the first molars. Depending on the specific treatment objectives, a crib or rake configuration is bent and soldered to the main support wire.

Thumb Habit Appliance
An anterior “Hay Rake” is soldered to the lingual wire to discourage the thumb sucking habit. The ends of the wires may be formed in either a closed loop configuration or with exposed ends to “remind” the patient to discontinue the habit.
Blue Grass Appliance
The “Blue Grass” Appliance also is designed to correct thumb sucking habits. A Teflon roller that spins on a support wire acts as a substitute habit. The palatal lingual wire holding the roller is soldered to bands on the first molars.

6. CLASS II DISTALIZER

Carriere:
The Carriere distalizer is an orthodontic device developed to correct a bite without removing permanent teeth when teeth have erupted incorrectly. It is used to correct Class II at the beginning of the treatment. With an effect similar to headgear, but without the use of a bulky appliance, the Carriere pushes upper teeth back to create a corrected bite prior to the addition of braces or aligners.

7. REMOVABLE/FUNCTIONAL APPLIANCES

Headgear:
Headgear is an orthodontic appliance used to correct bite and support proper jaw alignment and growth. Headgear is typically recommended for children whose jaw bones are still growing. Unlike braces, headgear is worn partially outside of the mouth. An orthodontist may recommend headgear for your child if their bite is severely out of alignment. There are 3 main types of headgear:

Cervical-Pull and High-Pull
Cervical-Pull headgear has a U-shaped wire that attaches to the bands on your back teeth and a strap that is worn behind the neck. High-pull headgear is similar, but it also has a wire connecting to the teeth and a strap that goes behind and over the head. Both types of headgear are typically used to correct an excessive horizontal overbite (“overjet”) in children by holding back the growth of the upper jaw. Generally, these types of headgear are meant to be worn 12 - 14 hours a day.
Reverse-Pull Headgear:
This orthodontic appliance is generally used to correct an underbite. It gently pulls the upper jaw forward (instead of back), which allows it to catch up with the lower jaw. The appliance consists of two pads—one resting on the forehead, the other on the chin, connected by a vertical frame. Elastics or wires, which connect from the frame to the braces, exert the pulling force. It may be necessary to wear this appliance about 14 - 16 hours a day.

Twin Block Appliance:
The Twin Block Appliance is suitable for treating a wide range of malocclusions to achieve sagittal and vertical correction of Class II Division 1, Class II Division 2, and Class III malocclusions. The appliance exhibits distinct advantages for arch development, deep overbite correction and mandibular repositioning.

Twin Blocks use the forces of occlusion as the functional mechanism to correct the malocclusion. The patient can wear it 24-hours a day and is free to eat and speak without restriction of normal movements of the tongue, lips, and mandible.
Orthodontic Dental Terminology

A
Active Treatment
The stage of orthodontic treatment when teeth are being moved and/or jaws aligned.

Advanced periodontitis
The most severe form of gum (periodontal) disease, once known as pyorrhea. It is a chronic infection of the gums caused by accumulation of plaque under the gum line. The plaque contains bacteria that produce toxins that destroy the soft tissue and bone that hold teeth in place. Pockets (spaces between the gum and the teeth) appear and deepen. Gums recede, and bone dissolves. Teeth can become loose and may have to be removed.

Aligners
Clear removable appliances that are used to straighten teeth.

American Association of Orthodontists (AAO)
The AAO is a professional association of educationally qualified orthodontic specialists who create healthy, beautiful smiles for their patients. The AAO only admits orthodontists as members. Orthodontists first graduate from dental school and then complete an additional two to three years of education in the orthodontic specialty at accredited orthodontic residency programs. Selecting an AAO member for orthodontic care is your assurance that the doctor is an orthodontist.

Anterior
Front.

Appliances
Any device, attached to the teeth or removable, designed to move the teeth, change the position of the jaw, or hold the teeth in their finished positions after braces or aligners are removed.

Arch
Upper or lower jaw.

Archwire
The metal wire that is attached to the brackets and used to move the teeth.

Attachments
The tooth-colored “bumps” placed on teeth during clear aligner treatment. They help move the teeth while a patient wears aligners. They are removed once treatment is complete.

B
Band
A metal ring, usually on a back tooth, that is cemented to a tooth for strength and anchorage.

Bite
How top and bottom teeth come together. Ideally, each tooth meets its opposite tooth in a way that promotes functions such as biting, chewing and speaking. A bad bite is called a malocclusion. The goal of orthodontic treatment is to create an individualized healthy bite (ability to bite, chew, and speak). When teeth and jaws are in proper positions, it creates a pleasing appearance.

Blue Grass Appliance
Used to help in the correction of a tongue thrust. Helps the patient retrain the tongue when swallowing, and can help correct an open bite.

Board-Certified Orthodontist
An orthodontist who has completed the American Board of Orthodontics Specialty Certification exams. A board-certified orthodontist is known as Diplomate of the American Board of Orthodontics. The American Board of Orthodontics is the only orthodontic specialty certifying board that is recognized by the American Dental Association. Board certification is voluntary for orthodontists.

Braces
A word commonly used to describe a fixed orthodontic appliance, usually comprised of brackets, bands and wires.

Bracket
The small metal, ceramic, or plastic attachment bonded to each tooth with a tooth-colored adhesive. The bracket has a slot that the orthodontic wire fits into.

Bridge
A replacement for a missing natural tooth/teeth that fills the opening between adjacent teeth. Most often, the existing adjacent teeth receive crowns and a prosthetic (false) tooth is attached to the crowns. This restores function, provides a good appearance, and maintains the shape of the face. Bridges do not last forever, eventually this will require replacement.

Brushing
Brushing the teeth is part of an individual’s daily home dental care. Patients with braces should follow the orthodontist’s instruction on how often to brush.

Bruxism
Grinding of the teeth, usually during sleep. Bruxism can cause abnormal tooth wear and may lead to pain in the jaw joints, facial and/or neck muscles and difficulty opening and closing the mouth.

Buccal
A term orthodontists use to describe the cheek side of the back teeth in both jaws.

Buccal Tube
A small metal part of the bracket welded to the cheek side of the molar band. The tube may hold an archwire, lip bumper, headgear facebow or other type of appliance an orthodontist may use to move the teeth.

C
Cephalometric Radiograph
A side view x-ray of the head.

Chain
A stretchable series of elastic o-rings connected together and placed around each bracket to hold the archwire in place and close the spaces between teeth.

Class I Malocclusion
A malocclusion in which the back molars meet properly, but the front teeth may appear to be crowded together, spaced apart, there may be an overbite, an openbite, a posterior (back) crossbite or an anterior (front) crossbite.

Class II Malocclusion
A malocclusion where the upper front teeth are protruding, or the lower teeth and/or jaw is positioned back relative to the upper teeth and/or jaw.

Class III Malocclusion
A malocclusion where the lower teeth and/or jaw is positioned ahead relative to the upper teeth and/or jaw.

Closed Bite/Deep Bite
Also known as deep overbite, this occurs when the upper front teeth overlap the bottom front teeth an excessive amount.

Comprehensive Treatment
Complete orthodontic treatment performed to correct a malocclusion.

Cone Beam CT/CBCT
A 3D x-ray.

Congenitally Missing Teeth
A genetic occurrence in which permanent teeth do not develop.
Crossbite
Upper back teeth are in crossbite if they erupt and contact inside or outside of the lower back teeth. Lower front teeth are in crossbite if they erupt in front of the upper front teeth. A crossbite can be a single tooth or groups of teeth.

Crown
1. The part of the tooth that is visible above the gums.
2. A tooth restoration placed by a dentist. A crown covers a tooth that may have had severe decay, was badly discolored, or was broken or otherwise misshapen. The crown covers the entire tooth and functions as a replacement for the natural tooth.

Crows can last for many years, but they are not permanent.

D
DDS or DMD
DDS (Doctor of Dental Surgery) and DMD (Doctor of Dental Medicine) are degrees awarded to dental school graduates. Some dental schools award DDS, and some dental schools award DMD. The American Dental Association considers them equivalent degrees. All orthodontists educated in the U.S. or Canada will have either a DDS or DMD after their names. Orthodontists, who are also known as “orthodontic specialists,” are required to follow their dental school education with the completion of two to three years of orthodontic specialty education in an accredited orthodontic residency program. This additional education makes orthodontists specialists in the field of orthodontics.

Decalcification
White marks on the teeth that can become cavities in the future. They are caused by poor brushing, and the consumption of sugary and acidic drinks.

Dentist
Practicing general dentists are healthcare professionals concerned with overall oral health. Dentists treat decayed teeth (fillings) and remove failed teeth (extractions). They usually provide services such as crowns, veneers or bonding to improve the appearance and function of teeth that have extensive decay, or are misshapen or broken.

Dentists look for abnormalities in the mouth and teach patients how to prevent dental disease.

Diagnostic Records
The materials and information that the orthodontist needs to properly diagnose a malocclusion and plan a patient’s treatment. Diagnostic records may include a thorough patient health history, a visual examination of the teeth and supporting structures, an electronic scan or plaster models of the teeth, extraoral and intraoral photographs, as well as a panoramic and cephalometric x-rays.

E
Ectopic Eruption
Term used to describe a tooth or teeth that erupt in an abnormal position.

Elastics
Rubber bands. During certain stages of treatment, small elastics or rubber bands are worn to provide individual tooth movement or jaw alignment.

Enamel
The hard, white outer layer of a tooth, and the hardest substance in the human body. Enamel makes it possible to bite and chew. If enamel breaks away from a tooth, or is worn away due to abnormal forces generated by a bad bite (or malocclusion), it is gone forever. Enamel does not regenerate.

Eruption
The process by which teeth enter into the mouth.

Essix Retainer
A removable retainer made of a clear, plastic-like material.

Expander
An orthodontic appliance that can widen the jaws.

Extraction
The removal of a tooth.

Extraoral Photographs
Photographs taken of the face from the front and side views.

F
Facebow
An orthodontic appliance worn with orthodontic headgear, used primarily to move the upper first molars back, creating room for crowded or protrusive front teeth. The facebow has an internal wire bow and an external wire bow.

Fiberotomy
A surgical procedure designed to cut part of the gum tissue around teeth, usually performed to reduce the chance of relapse or post-orthodontic tooth movement.

Fixed Appliances
An orthodontic appliance that is bonded or cemented to the teeth and cannot be or should not be removed by the patient.

Flossing
An important part of daily home dental care. Flossing removes plaque and food debris from between the teeth, brackets and wires. Flossing keeps teeth and gums clean and healthy during orthodontic treatment.

Forsus Spring
An orthodontic appliance made of a fixed spring mechanism that moves the lower jaw forward, usually to correct an overjet (protruding upper teeth). It can also be used as an anchor for other types of movements.

Frenum
The tissue attachment between the lip and the tongue or the lip and the upper jaw. A large frenum can cause spacing between the front teeth or cause the tongue to be "tied." A large frenum can also cause the gum tissue on the lower front teeth to be pulled down.

Frenectomy
The surgical removal or repositioning of the frenum.

Function
Refers to biting, chewing and speaking. Teeth and jaws in their correct positions facilitate proper function.

Functional Appliances
A type of orthodontic appliance that uses jaw movement and muscle action to place selective force on the teeth and jaws. They are usually removable. They are also known as orthopedic appliances with names such as orthopedic corrector, activator, bionator, Frankel, Herbst or twin block appliances.

G
Gingiva
Soft tissue around the teeth, also known as the gums.

Gingivitis
The mildest type of gum (periodontal) disease, usually caused by poor dental hygiene that allows a build-up of plaque and subsequent inflammation in the gums. Symptoms include red and/or swollen gums, and bleeding when you brush or floss. Gingivitis can be reversed with professional treatment and good dental care at home. If left untreated it may progress to periodontitis.

Growth Modification
Placing braces or appliances to help modify and correct the growth of the jaws and teeth.

Gum disease
Another name for periodontitis. A chronic infection of the gums that stems from a build-up of plaque (link to glossary). Also called periodontal disease, Untreated gum disease can lead to tooth loss. Patients having orthodontic treatment need to remove plaque frequently by brushing their teeth after meals/snacks and before bed, and by flossing at least once a day. There are three stages of gum disease: gingivitis, periodontitis and advanced periodontitis. Many
people are unaware that they have gum disease because there is little or no pain.

**Gummy Smile**
Showing an excessive amount of gingival (gum) tissue above the front teeth when smiling.

**H**

**Hawley Retainer**
A removable retainer made of wire and a hard plastic-like material.

**Headgear**
An appliance worn outside of the mouth to provide traction for growth modification and tooth movement.

**Herbst Appliance**
This appliance is used to move the lower jaw forward. It can be fixed or removable. When it is fixed, it is cemented to teeth in one or both arches using stainless steel crowns. An expansion screw may be used to widen the upper jaw at the same time.

**Holding/Lingual Arch**
Bands on upper or lower molars are connected using a bar behind teeth; used to maintain space.

**I**

**Impaction**
A tooth that does not erupt into the mouth or only erupts partially is considered impacted.

**Implant**
An artificial replacement for a missing tooth/teeth. The process involves placing a metal post in the jawbone. A crown is placed on the implant so that the patient is able to bite, chew and speak. Implants can be used to anchor a single tooth or multiple teeth. An orthodontist can create space or hold space open in the mouths of patients who may need implants to achieve good dental function. Dental implants cannot be moved by conventional orthodontic forces.

**Interceptive Treatment**
Orthodontic treatment performed to intercept or correct a developing problem. Usually performed on younger patients that have a mixture of primary (baby) teeth and permanent teeth. Sometimes called Preventive or Phase I treatment.

**Intraoral Photographs**
Photographs taken of the inside of the mouth, usually showing the biting surfaces of the teeth and sides of the mouth while biting down.

**Interproximal Brush**
A tiny brush used to reach between teeth, and between teeth and braces, to remove plaque and food debris.

**Interproximal Reduction**
Removal of a small amount of enamel from between the teeth to reduce their width. Also known as reproximation, slenderizing, stripping, polishing, enamel reduction or selective reduction.

**L**

**Labial**
The surface of the teeth in both jaws that faces the lips.

**Ligating Modules**
A small elastic o-ring, shaped like a donut, used to hold the archwire in the bracket.

**Ligature**
A tiny rubber band, or sometimes a very thin wire, that holds the orthodontic wire in the bracket slot/bracket.

**Lingual**
The tongue side of the teeth in both jaws.

**Lip Bumper**
An orthodontic appliance used to move the lower molars back and the lower front teeth forward, creating room for crowded front teeth. The lower lip muscles apply pressure to the bumper creating a force that moves the molars back.

**Lip Incompetence**
The inability to close the lips together at rest, usually due to protrusive front teeth or an excessively long face.

**M**

**Malocclusion**
Latin for “bad bite.” The term used in orthodontics to describe teeth that do not fit together properly.

**Mandible**
Lower jaw.

**MARA Appliance**
An appliance used to bring the lower jaw forward to correct an overjet.

**Maxilla**
Upper jaw.

**Mixed Dentition**
The dental developmental stage in children (approximately ages 6-12) when they have a mix of primary (baby) and permanent teeth.

**Mouthguard**
A removable device used to protect the teeth and mouth from injury caused by sporting activities. The use of a mouthguard is especially important for orthodontic patients.

**N**

**Nightguard**
A removable appliance worn at night to help an individual minimize the damage or wear that occurs while clenching or grinding teeth during sleep.

**O**

**Occlusion**
Latin for “bite.” In orthodontics, occlusion describes how the upper and lower teeth meet.

**Open Bite**
A malocclusion in which teeth do not make contact with each other. With an anterior open bite, the front teeth do not touch when the back teeth are closed together. With a posterior open bite, the back teeth do not touch when the front teeth are closed together.

**O-ring**
A tiny, o-shaped rubber band that is used as a ligature and holds the archwire to bracket slots. O-rings come in a variety of colors, and are generally changed at each adjustment appointment.

**Orthodontics**
The specialty area of dentistry concerned with the diagnosis, supervision, guidance and correction of malocclusions. The formal name of the specialty is orthodontics and dentofacial orthopedics.

**Orthodontist**
A specialist in the diagnosis, prevention and treatment of dental and facial irregularities. Orthodontists are required to complete college requirements, graduate from an accredited dental school and then successfully complete a minimum of two years of full-time study at an accredited orthodontic residency program. Only those who have completed this education may call themselves “orthodontists.” Orthodontists limit their scope of practice to orthodontic treatment. Only orthodontists may be members of the American Association of Orthodontists (AAO).

**Orthognathic surgery**
Also called surgical orthodontics, orthognathic surgery is corrective jaw surgery performed to remedy skeletal problems that affect the ability to bite, chew and speak. Orthodontic treatment is done before and after surgery so that upper and lower teeth meet appropriately.

**Orthopedic Appliance**
A removable functional appliance designed to guide the growth of the jaws and face.

**Overbite**
The upper front teeth excessively overlap the bottom front teeth when back teeth are closed. Also called a closed bite or deep bite.
Overjet
Protruding upper front teeth. Sometimes called buck teeth.

P

Panoramic Radiograph
An x-ray that shows all the teeth and both jaws at once.

Palatal Expander
A fixed or removable orthodontic appliance used to make the upper jaw wider.

Periodontal Disease
A chronic infection of the gums that stems from a build-up of plaque, many times there is little or no pain, also called gum disease. Untreated gum disease can lead to tooth loss. Patients having orthodontic treatment need to remove plaque frequently by brushing their teeth after meals/snacks and before bed, and by flossing at least once a day. There are three stages of periodontal disease: gingivitis, periodontitis and advanced periodontitis.

Periodontal Tissue
Refers to the hard and soft tissue, or supporting structures, around the teeth.

Periodontitis
A more serious form of gum (periodontal) disease as compared to gingivitis. It is a chronic infection caused by an accumulation of plaque under the gum line. The bacteria in plaque produce toxins that lead to destruction of the soft tissue and bone that hold teeth in place. Pockets (spaces between the gum and the teeth) form. Unless treated professionally in conjunction with careful home care, the disease process will continue to break down tissues.

Phase One (Phase I) Treatment
Orthodontic treatment performed to intercept or correct a developing problem. Usually performed on younger patients that have a mixture of primary (baby) teeth and permanent teeth. Sometimes called Preventive or Interceptive treatment.

Plaque
Plaque is a colorless, sticky film which is a mixture of bacteria, food particles and saliva that constantly forms in the mouth. Plaque combines with sugars to form an acid that endangers teeth and gums. Plaque causes cavities, white marks (demineralization) and gum disease. Plaque is removed by brushing and flossing.

Posterior
Back.

Power chain
Interconnected elastic ligatures that are stretched across multiple teeth, holding the archwire to bracket slots. Orthodontists use power chains for some patients during specific times during their treatment to apply additional forces to move teeth.

Preventive Treatment
Orthodontic treatment to prevent or reduce the severity of a developing malocclusion (bad bite). Also called Interceptive or Phase I treatment.

Primary Teeth
Baby teeth. Also called deciduous or milk teeth.

R

Radiograph
Also called an x-ray, a radiograph is diagnostic tool that is used to see inside the body. Orthodontists take a panoramic radiographs to see a complete horizontal image of a patient’s upper and lower teeth. A cephalometric radiograph is a side view of a patient’s head.

Removable Appliance
An orthodontic appliance that can be removed from the mouth by the patient. Removable appliances are used to move teeth, align jaws and to keep teeth in their new positions when the braces are removed (retainers).

Retainer
A fixed or removable appliance worn after braces are removed or aligner therapy is complete. A retainer is fitted to upper and/or lower teeth to hold them in their finished positions. When worn as prescribed, retainers are the best tool available to minimize unwanted tooth movement after active treatment ends.

Rubber Bands
During certain stages of treatment, small elastics (rubber bands) are worn to provide individual tooth movement or jaw alignment.

S

Safety Strap
The safety strap prevents the facebow of the headgear from coming loose and causing injury.

Separators
An elastic o-ring or small wire loop placed between the teeth to create space for placement of orthodontic bands. Separators are usually placed between the teeth a week before bands are scheduled to be placed on the teeth.

Self-Ligating Brackets
Brackets that have a “door” on the front that holds the orthodontic wire to the bracket. With self-ligating brackets, an elastic ring is not needed to hold the orthodontic wire to the bracket.

Serial Extraction
Selective or guided removal of certain primary (baby) teeth and/or permanent teeth over a period of time to create room, reduce crowding and create a better environment for the permanent teeth to erupt.

Skeletal maturity
A time when an individual has stopped growing, and bones have reached their full development.

Spacers
Tiny elastics (rubber bands) that are inserted between molars. Spacers are placed one or two weeks before getting braces to create space between molars if molar bands will be used as part of the orthodontic appliance. Occasionally, spacers fall out before braces are placed.

Space Maintainer
A fixed appliance used to hold space for an unerupted permanent tooth after a primary (baby) tooth has been lost prematurely, due to accident or decay.

Specialist
In dentistry, being a specialist usually requires:

- General education – completing college requirements (usually four years) followed by a four-year program (usually) leading to a DDS or DMD in dentistry
- Specialty education – successful completion of two or more years (usually) of additional education in an accredited program in the chosen specialty area (such orthodontics in dentistry). Thus the doctor’s experience is focused on the area of specialization.

Orthodontists are the dental profession’s specialists in the field of orthodontics and dentofacial orthopedics.

Supernumerary Teeth
A genetic occurrence in which there are more teeth than the usual number. These teeth can be malformed or erupt abnormally. These teeth can also interfere with the normal pattern of tooth eruption and contribute to an orthodontic problem. Supernumerary teeth often need to be removed.

T

Tandem Appliance
An appliance used to bring the top jaw forward and the bottom jaw back.

Temporary Anchorage Device (TAD)
A miniature surgical screw that resembles an earring stud when it is in place. Positioned in gum and bone tissue, a TAD is used as an anchor – a fixed point from which to apply the force needed to move teeth in a direction that braces alone cannot move them. The TAD is removed when it is no longer needed.
Ties
Another word for "ligature" or "ligating module." Usually a tiny rubber band that holds the orthodontic wire in the bracket slot. These come in a variety of colors, ranging from demure to bold.

Tongue Crib
A fixed orthodontic appliance used to help a patient stop habits or undesirable tongue forces exerted on the teeth and bone that supports the teeth.

Tongue Thrust
A habit where an individual’s tongue pushes against the teeth when swallowing. This type of force generated by the tongue can move the teeth and bone and may lead to an anterior or posterior open bite.

U
Underbite
The lower front teeth or jaw sit ahead of the upper front teeth or jaw. Also known as a Class III malocclusion.

V
Veneer
A thin, tooth-colored shell that is glued to the front of teeth to improve their appearance. A veneer can cover up a discolored or broken tooth. Veneers cannot correct malocclusions (misaligned teeth and/or jaws). However, veneers can be easier to place and last longer after an individual has had orthodontic treatment and teeth are properly positioned.

W
Wax
Orthodontic wax is placed on the brackets or archwires to prevent them from irritating the lips or cheeks.

Wires
Also known as archwires, they are held to brackets using small elastic o-rings (rubber bands), stainless steel wire ligatures, or by a door on a self-ligating bracket. Wires are used to move the teeth.

X
X-ray
Also called a radiograph, an x-ray is diagnostic tool that is used to see inside the body. Orthodontists take a panoramic x-rays to see a complete horizontal image of a patient’s upper and lower teeth. A cephalometric x-ray is a side view of a patient’s head.

Source: https://www.aaainfo.org/blog/parent-a-guide-post/glossary-of-terms/
Section III – The Orthodontic Patient Lifecycle
Patient Scenario One:
1. Consult
2. Diagnostic records completed
3. Ready for Treatment
4. Presents OrthoFi financial options on Chromebook, informed consent print out and new patient folder
5. Agrees to treatment, signs all documents, initial payment collected, contract started
6. Ortho appliances are placed
7. Returns to office for visits every 6-8 weeks
8. Ortho appliances removed or aligners completed
9. Returns for retention appointments
10. Receives final clearance

Patient Scenario Two:
1. Consult
2. Diagnostic records completed
3. Not ready for treatment
4. Added to recall status
5. Returns every 6-12 months for recall check until ready for treatment
6. Once ready, same steps as patient scenario one
Initial Visit

Initial Visit

Initial Visit Steps - Patient/Parent Accepts Treatment

1. TC receives patient from reception area
2. Updates patient tracking status for imaging
3. Takes images/scans and returns patient to consult room
4. Seats patient/parent in consult room, updates status to room/seated
5. Prepares for doctor with images/scan
6. Reviews New Patient questionnaire, medical/dental history, verifies HIPAA and records release signatures
7. Updates patient status to ready for doctor
8. Provides debrief of patient and returns to the consult room with the doctor
9. Doctor completes exam, providing details and instructions to TC
10. Doctor communicates key findings to patient/parent
11. TC takes notes from exam and completes questionnaire/note

<table>
<thead>
<tr>
<th>PATIENT</th>
<th>PEOPLE</th>
<th>PROVIDER</th>
<th>PROCESS</th>
<th>PERFORMANCE</th>
</tr>
</thead>
</table>
12. Completes treatment plan and documents compromises in system
13. Presents treatment options, fees, insurance estimate and payment options
14. Prints documentation to give to patient/parent
15. Obtains a signed OrthoFi financial contract, down payment, and Informed Consent
16. Starts same day or schedules start

Initial Visit Steps- Patient/Parent Does Not Accept Treatment
1. Workflow 1-14
2. Creates follow up appointment in OrthoFi and changes to appropriate status
3. Updates patient tracking status to ready for check out
4. TC follows up with all Pending patients as part of responsibilities

The Ideal Orthodontic Consult & 8 step process:

Ideal Orthodontic Consult
- Records are taken in accordance of the American Board of Orthodontics standard quality, which is available for review and training. This appointment is part of the new patient appointment so that the records can be used by the Orthodontist and TC while explaining the need for treatment; however, they may also be done as a standalone appointment or only with Same Day Starts, in which case the appointment is typically 30 minutes long.

Post Initial Visit Statuses

Starts
- Prior to starting treatment, obtain a signed OrthoFi financial contract, down payment, and Informed Consent.
  - Patient records and Informed Consent are uploaded into the patient software system and the patient’s status and proper codes are entered.
  - All contracts and payments are completed in OrthoFi.
- Records must be completed.
  - Records include intraoral photos, a panoramic x-ray, cephalometric x-ray and possibly a digital scan.
- Often times, separators are placed to make it easier to cement bands at the bonding appointment.
- Typically the Treatment Coordinator or Financial Coordinator will present the financials, review and sign contract and collect initial payment; however, the Orthodontic Front Office Coordinator can also present the Orthodontic Treatment Agreement and other forms, as well as collecting any fees associated with treatment.

*If a patient chooses to sign their financial contract and make their down payment through the at home option, they still must complete their Informed Consent paperwork before being considered a start.*
Contract Start vs Treatment Start

- A Contract-Start is a term used to define a patient who signs a contract to start but does not necessarily start treatment that day. It could be due to scheduling or the need to order an appliance for the treatment. A Contract-Start requires the following:
  1. Contract Value of over $1000
  2. Signed Contract
  3. Down-payment

- A Start is defined as a patient who has started treatment and requires the placement (banding) of an appliance or bonding of braces. Separators do not count. A Start always requires a Contract-Start to have been completed as well.

Same Day Starts

- Same Day Starts are defined as a new patient here for the first time who starts treatment the same day. While a current patient may start treatment the same day as an appointment to monitor growth (Obs/Recall) or see if they are ready for a second phase, they are not considered a Same Day Start because they have been to our practice before.
- Same Day Starts provide the convenient option for parents to get started rather than having to return for an additional appointment.

Scheduled Starts

- Scheduled Starts are patients who came for a consult and were not able to start that day but scheduled their start appointment while they were in the office. If unable to start a patient the same day, every patient should attempt to be a scheduled start.

Pending

- Pending or Will Call Back patients are those who were presented with treatment options but did not start or schedule to start an appointment. These patients are placed on TC’s call back schedule to follow up with to try to get them to schedule to start.

Recall/OBS (Observation)

- Recall or OBS patients are those patients who were seen for an initial consultation but are not dentally ready to begin treatment.
- When this is the case, they are placed in Recall or OBS status and seen periodically at the Orthodontists discretion to monitor growth and development until the patient is ready to begin treatment.
- It is very important to ensure these patients are scheduling their follow up visits and being seen regularly even if they will not be ready for treatment for a number of years as it builds a relationship with them and allows records to be taken that will show a clear dental history; All of which aids in the future success of their orthodontic treatment.
- Clinical, Front Desk, Treatment Coordinators & Doctors should all use verbiage when discussing next visits with patients and parents so they understand the value of the visits.
Example verbiage: “Dr. Jones would like to see Suzy back in 6 months so he can closely monitor the growth and development of her canines. It will be important to time treatment based on their eruption so that we can make treatment as easy and short as possible for Suzy!’

- Recall appointments will often be seen in the clinic unless they are likely to be ready to start treatment (Recall READY). It is important that the front desk continues to update these patients in OrthoFi until they start active treatment.

**No Tx Recommended/ Tx Denied**

- No Treatment Recommended means that a patient was seen for a consultation and the Orthodontist does not recommend any form of orthodontic treatment for them. This could be due to other underlying dental or health issues, the risks of which greatly outweigh the benefits of any treatment.
- These patients should be made inactive in the system following their consult.
- This does not include patients who simply need dental work or other procedures completed prior to treatment; those patients should be placed as pending/will call back as they are able to move forward with treatment but simply cannot immediately.
- Treatment Denied means that a patient has stated they do not wish to move forward with any treatment or have chosen a different provider.
- An attempt should always be made to offer a future follow up call prior to inactivating a patient who simply says they do not want to proceed. Often these patients have a barrier they cannot immediately overcome to begin treatment but are open to revisiting it in the future when their circumstances change.
  - Example verbiage: “I completely understand that now is not the right time for you to begin treatment. I would be happy to give you a call in 2 months just to check in and see how things are going, how does that sound?”

**Initial Treatment Visit**

**Bonding Visit**

- The bonding visit occurs when the brackets and wires are placed or appliances are delivered.
- **This appointment is usually about 90 minutes.**
- The orthodontic assistant will call the patient to the clinical area and review what to expect at today’s appointment.
- The Orthodontist will place and cement the bands and brackets in perfect alignment.
- The orthodontic assistant and Orthodontist work together while bonding the bands and brackets, and then the assistant places the wires and ties.
- Oral hygiene instruction is reviewed thoroughly, including foods and drinks to avoid during treatment.
- The importance of continued regular dental care (to include cleanings every 3-6 months) is also reviewed.
• The assistant will review with patient and parent what to do in the case of an emergency and ask them if they have any additional questions prior to finishing the appointment.

Appliance Insert
• Often times separators are placed prior to Appliance insert appointments to help create space for the bands.
• The appliance insert appointment occurs once the appliance has been created either in-house or by an outside lab.
• **This appointment is usually 30-60 minutes long depending on the type of appliance being inserted and if any braces are being added as well.**
• The orthodontic assistant receives the patient and takes him/her to the clinical area and reviews what to expect at today’s appointment.
• The orthodontic assistant places the appliance without cement to ensure it fits properly and there are not any issues.
• The Orthodontist places and cements the appliance in perfect alignment.
• The Orthodontic Assistant and Orthodontist work together while bonding the appliance, and then the assistant reviews with the patient and parent any instructions specific to the appliance.
• Oral hygiene instruction is thoroughly reviewed, including foods and drinks to avoid during treatment.
• The importance of continued regular dental care (to include cleanings every 3-6 months) is also reviewed.
• The assistant reviews with patient and parent what to do in the case of an emergency and ask them if they have any additional questions prior to finishing the appointment.

Invisalign Insert
• The Invisalign insert appointment occurs once the aligners arrive from Invisalign, typically 4-6 weeks following the submission of their digital scan. **This appointment is usually 30-60 minutes long depending on the complexity of the case.**
• The Orthodontic Assistant and Orthodontist work together to ensure the initial aligner fits properly, any attachments are added and to review how to use elastics if prescribed.
• The Orthodontic Assistant reviews with the patient and parent instructions on how often the doctor wants them to change aligners as well as any other specific instructions for their treatment.
• Oral hygiene instruction is thoroughly reviewed including removing aligners while eating or drinking.
• The importance of continued regular dental care (to include cleanings every 3-6 months) is also reviewed. The assistant reviews with patient and parent what to do
in the case of an emergency and asks them if they have any additional questions prior to finishing the appointment.

- Patients may be given only part of their first series of aligners. For example, some Orthodontists prefer to give only the number of aligners needed before the next visit so they can ensure the patient returns before progressing further in their series. Alternatively, patients may be given all of their first series of aligners in the first set. This is at the discretion of the Orthodontist but in both cases it is very important to stress the importance of their appointments so that adjustments can be made and treatment is monitored to ensure they remain on track. **It should always be emphasized that the Orthodontist is treating the patient and not the aligners.**

**Adjustment Visits/ Invisalign Checks & Refinements**

**Braces**

- Approximately every 6-8 weeks or at the Orthodontist’s discretion, the patient will return to the office to have their treatment progress evaluated and braces adjusted according to the Orthodontist’s treatment plan. **These visits may vary between 30-60 minutes depending on what treatment needs to be performed.** This may include changing wires, o-ties, power chains, re-cementing brackets, new panoramic x-rays, progress records, delivering elastics and other types of treatment.

**Invisalign**

- Patients in Invisalign will return approximately every 10-12 weeks to check on the progress of their aligners or be scanned for additional aligners. **These visits may vary between 20-45 minutes depending on what treatment needs to be performed.** This may include IPR (interproximal reductions), updating progress records (photos, ceph, pan), delivering elastics, adding or removing attachments, scanning for new aligners, delivering refinement aligners and other types of treatment.

**Procedure**

- The orthodontic assistant brings the patient back, discusses any chief complaints, and reviews the goals for this appointment. These findings are reported to the Orthodontist prior to them sitting with the patient, so the Orthodontist knows ahead of time how to address any issues. This is often done just prior to the Orthodontist sitting chair side or if no issues, may be reported while the Orthodontist is sitting with the patient. The assistant charts any notes while the Orthodontist checks the patient and follow the Orthodontist’s treatment adjustment instructions.

- All adjustments are documented in the patient’s chart and must include the patient’s overall oral hygiene, the sizes/types of the upper and lower arch wires, if and where Elastics are placed, types/sizes of o-ties placed, or Invisalign aligner number patient currently wearing and what to expect at the next visit and the next appointment information. The notes should also always include any pertinent conversations you have with the patient and/or guardian(s).
Deband/Debond/Final Records Visit

This is typically a 60-90 minute appointment to remove the braces. Final impressions are also taken by the assistant in order to fabricate retainers for the patient. Many Orthodontists will have the patient return later in the day for retainers (Essix). The lab-fabricated retainers are ready for delivery at a later date. Alternatively, some Orthodontists may plan at the appointment prior to deband to scan the patient and have lab made retainers made in time for the deband appointment. For Invisalign, the most common will be to scan the patient, remove attachments and have them wear their last aligner at night time only until their retainers are ready. The delivery process may vary at the Orthodontists discretion. Each patient’s retention plan is different and both retainers are considered final retainers.

- The procedures listed below are associated with the Deband/Final Records appointment:
  1. Photos
  2. Pan/Ceph
  3. Obtains signature of Deband form that patient/parent are aware of completion of treatment
  4. Takes impressions or Intraoral Scan for retainers
  5. Reviews importance of retention handouts
  6. Congratulates the patients by providing them with the deband gift and take a final photo for the marketing team to post
  7. Upon checkout, ensures that the patient status is updated to retention & any remaining balances on account have been collected (patients/parents should be notified of any balance PRIOR to this appointment so they are prepared).

Retention

Retention is always included in the cost of full orthodontic treatment. Orthodontic retention recommendation should be discussed with the patient and parent/responsible party. We want to ensure the patient understands that our recommendation for retention is “Night time for Lifetime”.

- The type of retainer used is up to the discretion of the Orthodontist.
- On debanding day an upgrade of retainers may be offered by the Orthodontist.
- The first retention visit is often scheduled 6 weeks after the initial deband.
- After the initial retainer check appointment, patients are placed on a retainer check recall for 3-6 months and will be contacted via the patient communication software tool utilized in the practice.
- A final retention check should be within 1 year after the initial deband, patient must be contacted and scheduled for this appointment so that the Orthodontist can release the patient from the practice. This type of supervision may include 2-4 visits within that year.
- Additional charges may incur if a patient loses or breaks their retainer(s).
There may be a charge to evaluate former patients for retention even if they have been inactivated.

Patients will be put on inactive status 1 year after comprehensive debanding and the retainers have been delivered. The treatment status should be updated to “treatment complete” at the final retention visit, which will inactivate the patient.

The patient will return for their final review and fine-tuning of their retainers. The Orthodontist and assistant will check the fit of the retainers and review instructions for wearing them and fees associated with lost or broken retainers in the future.

At a minimum, the patient should return for one recall within 3 months of debanding. Patients can continue to schedule an appointment to have their retainers adjusted as well as any emergencies, but an office visit may be charged and the original active contract completed. Phase I Treatment patients will stay on recall, returning for periodic evaluations of growth and development, until ready for Phase II. The Orthodontist will determine the recall timing and protocol for these patients.

Deband and Retention Workflow

Deband & Retention
Recap

Initial Visit
- Diagnostic Records & Exam completed
- Findings/Treatment Presented
- Financial Presentation

Post Initial Visit Status
- Initial Visit
  - Starts - Contracts signed & payment
  - Pending
  - Recall/Obs
  - To Not Recommended of Denied

Initial Treatment Visit
- Bonding Visit
  - Appliance Visit
  - Invisalign Insert

Adjustments
- Braces adjustment
- Appliance adjustment
- Invisalign
  - Check/Refinement Scan

Deband
- Final Records Taken
- Deband Consent Form Signed
- Deband/Imp or Scan
- Retain

Retention
- Retainer checks for 1 year
- Dispense patient and make inactive
- Retainers for Life!
Section IV - Your Safety (OSHA & Compliance)
OSHA’s mission is to assure safe and healthful workplaces by setting and enforcing standards, and by providing training, outreach, education, and assistance. Employers must comply with all applicable OSHA standards.

D4C Dental Brands Orthodontic dental offices uphold the highest standard OSHA regulations to ensure your safety. We adhere to the highest standards and methods of sterilization procedures. This is for the protection of you, staff members, and our patients.

**Personal Protective Equipment (PPE)**

PPE protects the skin and mucous membranes from exposure to infectious materials in spray or spatter and consists of:

- Gloves
- Face mask/Respirator
- Eye Protection
- Disposable Gown or Lab Coat

**The following thoughts should be considered:**

- PPE should be worn during all patient care procedures, during x-ray, scanning, or other record taking procedures, and while in sterilization or lab areas.
- PPE should be removed prior to leaving the work area and NOT worn in reception, front office and/or treatment coordinator area, nor in the kitchen or breakrooms.
- Single use gloves cannot be washed or decontaminated for reuse
- Utility gloves may be decontaminated if their ability to provide an effective barrier is not compromised. They should be replaced when they show signs of cracking, peeling, tearing, puncturing, or deteriorating
- When splashes, sprays, splatters, or droplets of blood or other potentially infectious materials that pose a hazard to the eyes, nose or mouth, then the masks/respirators in conjunction with the eye protection (such as goggles with solid side shields and/or face shields) must be worn
- Protection against exposure to the body is provided by protective clothing such as gowns, aprons, lab coats, and similar garments

**Orthodontic Compliance**

The orthodontic director, practice manager or clinical lead (named by the orthodontist) will be responsible for delegating and ensuring all of the following compliance duties are completed and logged appropriately. Instructions for each can be found on the compliance tab on the company’s intranet.

- All new employees will be required to go through the OSHA and infection control training slides and test upon start.
- OSHA compliance will be checked quarterly by the company’s OSHA Compliance Reviewer.
Daily Logs
- Suction evacuation system to be run with warm water and cleanser at the end of the day, log.
- Waterline Flushing, all lines/sinks flushed for 2 minutes at the start and end of each day, and all lines flushed for 30 seconds in between patients, then logged daily.
- Ultrasonic should be cleaned and emptied daily (no logging necessary)

Weekly Logs
- The eyewash station should be tested, inspected and flushed for 2 minutes and logged
- Spore testing for each sterilizer (autoclaves and dry heat), and log
- Foil test in ultrasonic to ensure workability, log
- Statim should be cleaned on the internal and external surfaces and logged
- Plaster trap and sharps container should be checked (no logging necessary)

Every 28 days
- Replace chemical sterilant (cold soak) and log if applicable

Monthly Logs
- Check fire extinguisher, sign and date tag.
- Check first aid kit supplies for availability and expiration dates and log
- Replace dental chair vacuum traps and log (Quarterly for 1-2 day only offices)
- Replace central vacuum unit filter and log, dispose in biohazard box (Quarterly for 1-2 only offices)
- Drain and clean autoclave and sign log (Quarterly for 1-2 day only offices)
- Complete iodine testing (DentaPure Filter) and log
- Check handpiece availability (high-speed, low-speed and hygiene) and log
- Replace sediment filter (as applicable) and log

Biannually
- Replaces cassette seal, air and biological (water) filter for the Statim autoclave and log
- Complete dental unit waterline shocking and water testing procedures

Annually
- Fire extinguishers need to be serviced
- Inspect lead aprons for damage/cracks and log
Sterilization Process and Procedures
The sterilization area is broken up into 2 separate areas, dirty & clean. The appropriate PPE should be worn during all sterilization processes & procedures. The following steps should always be taken:

1. PROTECT YOURSELF
   - The appropriate PPE should always be worn during all sterilization processes & procedures.

2. HANDLING SHARPS
   - Sharps should always be placed carefully in the designated sharps container.

3. BIOHAZARD WASTE BOX
   - Biohazard waste must be disposed of inside of a red plastic bag, and placed inside of the biohazard waste box.
   - When the sharps container is about three-quarters (3/4) full, close the lid and dispose of it inside of the biohazard waste box.

4. CLEAN INSTRUMENTS
   - Instruments should be placed in the ultrasonic for its full cycle (at least 10 minutes) or in the instrument washer machine.
   - Once ultrasonic is complete, the instruments should be rinsed and then placed in a sterilization pouch (loose instruments), or wrapped sterilization paper (cassettes).

5. LOAD THE INSTRUMENTS CAREFULLY
   - When loading packages into the sterilizer, correct loading is required for sterilization to occur and packages must remain intact without being pierced or damaged during loading
     - Before wrapping the cassette, an indicator strip must first be placed inside of the cassette.
     - A strip of indicator tape is used to secure the wrap that covers the cassette. The stripes on the indicator tape will change from white to brown during the sterilization process.
     - Sterilization pouches come equipped with both external and internal indicators. In accordance with the CDC Guidelines, if the internal indicator cannot be seen from the outside of the package, another indicator (e.g., indicator strip) should be placed inside of the package
     - Sterilization or “peel-open” pouches must be placed plastic side-up inside of the autoclave chamber

6. INSPECT INTERNAL AND EXTERNAL INDICATORS
   - Once the sterilization process is complete, inspect indicator tape on cassettes and internal/external indicators on sterilization pouches. During patient care activities,
orthodontic assistants must inspect the indicator strip when opening cassettes for proper color change.

**Handpiece Care**

1. **PROTECT YOURSELF**
   a. The appropriate PPE should always be worn during all sterilization processes & procedures.

2. **LUBRICATE HANDPIECE**
   a. Follow the manufacturer’s instructions for the lubrication or oiling of operative and hygiene hand pieces.
   b. Lubricate hand piece using the Quatrocare® machine or manual oil dispenser.

3. **STERILIZE HANDPIECE**
   a. Handpieces should be placed in a sterilization pouch with and then placed in the autoclave.

**Dental Unit Waterline Tasks**

**Purge Water Lines- Daily**

1. Purge all water lines for 2 minutes at the start and end of each day including the sink faucets. The hot and cold water should run separately for two minutes.
   a. Purge water lines for 30 seconds between each patient.
   b. As needed, orthodontic assistants will purge the high-speed water line and both the air and water syringe lines for all operative units.
i. Remove the high-speed handpiece from the tubing; turn the water switch on (towards the blue dot) the foot control pedal. Depending on
ii. The dental unit, a flush button, located by the water bottle, will need to be pressed simultaneously along with the foot control pedal for 30 seconds.
iii. The air and water buttons need to be held down simultaneously for 30 seconds to complete purging.

Suction- Daily
1. Combine warm water with suction cleanser and run through all suction lines at the end of each day.

Traps- Weekly
1. Chair traps must be changed (monthly/quarterly). The used traps must be properly disposed of in the biohazard containers in office – place all traps inside of a plastic bag.
2. Use a disinfectant, to scrub the cap and trap container.
3. Place a new trap in container.
4. Personal protective equipment must be worn when changing a trap.

Water Testing and Water Line Maintenance
1. Water line testing will take place biannually.
2. 30 days after the installation of a Dentapure water filter, the first iodine test will be completed.
3. The Dentapure filter will be tested on a monthly basis.
4. Following the manufacturer recommendations, the water lines will be shocked and cleaned using a disinfecting solution biannually.
5. Once lines have been shocked and cleaned, a new Dentapure water filter will be installed (offices open 4-5 days a week).

Self-Contained Water Bottles
1. To release all residual air from the bottle, turn the master switch off and then press and hold the air syringe button
2. Unscrew the water bottle from the dental unit.
3. Fill the water bottle to the fill line with tap water, or distilled water if available.
4. Screw the water bottle into the mounting cap of the dental unit.
5. Water bottles must be emptied at the end of the day and allowed to air-dry overnight.
Section V – Emergency Protocols
Medical Emergency Plan

**CODE 9:**
Announces to doctors/staff that there is a Medical Emergency situation.

**First Responding Doctor**
Assigns Team Duties:
ACTIVATE 911 – use an office phone if possible, know office address
(STAY ON PHONE UNTIL EMERGENCY PERSONNEL ARRIVES)

DELIVER AED*
DELIVER EMERGENCY DRUG KIT*
DELIVER EMERGENCY OXYGEN TANK/AMBU BAG*

* Located: In the room/area marked with the RED CROSS sign

Practice Manager/Front office staff member stay at front door to direct Emergency Personnel.

Post Exposure Incident Plan

Determine whether the injured person may have suffered serious or potentially life threatening injuries that would require immediate medical attention. If so, immediately assign someone to call 911 for an ambulance and report back to you when done. Send one or two employees outside to watch for the ambulance and guide them in.

**Definition of Exposure:** Any incident in which an individual has been exposed to possible infectious material, such as blood or saliva, through mucosal contact (mouth, nose or eyes), or that may have entered through the individual's skin as a result of a puncture by a sharp or pointed instrument or scrape, that results in bleeding, from the instrument or device used in the patient’s mouth

**PROCEDURE:**

1. **Provide immediate care to the exposure site**
   - If the person’s injuries do not appear to be serious or life threatening, provide first aid and arrange off-site medical care as needed
   - Wash wounds and skin with soap and water
   - Flush mucous membranes with water (may use eyewash station)

2. **Report the incident as soon as possible to the Practice Manager**
   - Document the exposure by completing The “First Report of Injury” form if only the employee has been exposed. If the patient is involved in an exposure, complete the “Incident Report” form.

3. **Email completed report form to**
   - Chief Compliance Officer ([Andy.Lyness@d4c.com](mailto:Andy.Lyness@d4c.com))

4. **Evaluate exposure source**
   - Assess the risk of infection using available information in the patient’s chart
The source individual (patient) must be asked if they know their Hepatitis B, Hepatitis C, or HIV status

5. **The exposed individual is referred as soon as possible to a nearby health care provider**
   - A list of nearby clinics and medical practitioners can be found on the “Worker’s Comp Panel of Physicians Poster/List” posted at the site

6. **Health Care Provider (HCP)**
   - Evaluates exposure incident
   - Arranges for testing of employee and source individual (if status not already known)
   - Notifies individual of results of all testing
   - HCP sends written opinion to employer

**Emergency Protocol**
- Discontinue dental procedure and remove all foreign bodies from the patient’s mouth
- Doctor to assess the situation and need for an ambulance
- Call 911 for assistance if needed
- Doctor directs staff member to bring the emergency equipment to operatory
- Position patient to ensure open and unobstructed airway
- Monitor vital signs
- Support respiration, circulation, and provide CPR or First Aid as necessary

**Aspiration/Swallowing of a Foreign Body**
- Assess airway and follow BLS protocol for obstructed airway if necessary
- Call 911 if airway obstructed
- If aspiration in lungs is a possibility, send the patient to the hospital for a chest x-ray
- Make the appropriate documentation describing the event and the actions that were taken in the patient’s chart
- Maintain contact with the hospital and the patient’s parent or legal guardian until the foreign body has been recovered or an additional radiograph shows that the object has been eliminated
- Document appropriate notes in the patient’s chart regarding the outcome of the incident

Any time an emergency situation arises, stay calm and follow the doctor’s instructions. Please inform Andy Lyness, andy.lyness@d4c.com, if an in-office emergency occurs.

**Fire Emergency Plan**

**Sound the Alarm:** *Office Employee (staff member closest to the alarm station)*
By activating the nearest fire alarm pull station
**Report the Fire:** *Front Office Coordinator/Practice Manager*
By dialing, or having someone else dial 9-1-1 from a safe location

**Attempt to extinguish the Fire:** *TC, FOC or Clinical Employee*
If, an only IF, the fire is still small and confined, and you feel you can do so without risk to your personal safety. If initial attempt to extinguish fails, back away from the fire, close the door (if present) to contain the fire and evacuate immediately

**Evacuate Immediately:** *All Employees and Patients*
Without further hesitation, evacuate by the nearest most directed exit, depending on where fire/emergency is located. Notify and evacuate employees, patients and parents to leave the building

Check the restrooms and other common rooms – *Practice Manager*

**Meeting Place:** *All Employees and Patients*
Maintain 50 feet away from the building (meet at parking area/patio) and out of the path of incoming emergency vehicles. Do people count and wait for Fire Department/EMS to arrive

**Never re-enter the building for any reason**
Section VI - Clinical Charting & Records
Why is Clinical Charting Important?

The purposes of the patient's clinical chart are to maintain continuity of care, register procedures performed in an ordered manner, remind the doctor of what was done and what needs to be done, and justify and support the medical necessity of the treatment provided to appropriate parties of interest. The American Association of Orthodontists (AAO) recognizes that comprehensive records for orthodontic patients should include diagnosis, problem list, treatment objectives, treatment plan, treatment alternatives, normal and abnormal clinical findings, description of treatment rendered, any referrals made, follow-up treatment, and recommendations, as well as documentation of all consultations, financial agreements, and insurance forms. Appropriate documentation also includes communications between the orthodontist and other health professionals who are contributing to the patient's care; thus, the dental record also protects the overall legal interest of all interested parties.

Do’s & Don’ts

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
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<tbody>
<tr>
<td>• Enter a clinical note on every patient that is seen for an appointment.</td>
<td>• Use abbreviations</td>
</tr>
<tr>
<td>• Check that you have the correct chart before you write/type.</td>
<td>• Use emotion or feelings in clinical notes.</td>
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<tr>
<td>• Remain objective and factual in clinical notes.</td>
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<tr>
<td>• Utilize proper grammar and accurate spelling.</td>
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<tr>
<td>• Check oral hygiene and document at each appointment</td>
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<tr>
<td>• Ensure the Orthodontist reviews clinical notes.</td>
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</table>
Clinical Note

PRE-TREATMENT CONSIDERATIONS
A screening examination is performed to determine the nature of the orthodontic problem, and to determine if and when treatment is indicated. When treatment is indicated, a comprehensive examination must be performed that should include:

1. Examination

A. Chief Complaint: The chief complaint or the reason for seeking treatment should be recorded as described by the patient, parent or legal guardian.

B. Who is present with patient for consult: This is an important legal question for minors seeking orthodontic treatment

C. Medications: List all medications taken or prescribed.

D. Allergies: List patient’s allergies (i.e.: penicillin, latex, nickel, etc.)

E. Date of last dental cleaning: Patient must be current regarding their prophylaxis and any other pending dental treatment.

F. Medical and Dental History: An appropriate medical and dental history must be obtained as a part of the initial evaluation of the patient. If treatment is to be delayed until a future date, an updated history may be necessary. Patients/parents/legal guardians should be requested to advise the orthodontist of any change in the patient's health history.

G. Clinical Examination: A comprehensive clinical examination should include the following with all findings recorded in the patient's record:

1. An extraoral facial assessment to determine facial form, symmetry, soft-tissue harmony, and status of the perioral musculature. This determines deviations from normal regarding a patient's sagittal, vertical, and transverse maxillofacial relationships and to assess the relationship of the dentition to the facial structures.

2. An intraoral examination to assess the condition of the hard and soft tissues of the mouth, (including the periodontium) and the static and functional status of the patient's occlusion.


4. Verification of the presence of any oral parafunctional habits.
2. Diagnostic Records

Diagnostic records, along with a comprehensive examination and history, form the foundation upon which a diagnosis and treatment plan with options are built, and are a standard of orthodontic care.

Diagnostic records and tests will vary with the nature of the patient's condition but must be sufficient to identify the problems, formulate a diagnosis, and allow the development of an acceptable course of treatment goals. Where limited orthodontic procedures are anticipated, diagnostic records may vary from those associated with comprehensive care. Limited or comprehensive treatment encompasses all treatment techniques, including aligners or aligners in combination with fixed appliances and auxiliaries to significantly alter the alignment or occlusion and function. The gathering of appropriate diagnostic records should be considered a standard of care to allow for proper diagnosis, treatment plan and treatment rendered.

Pretreatment unaltered diagnostic records for comprehensive orthodontic treatment should include the following to establish a baseline for documenting pre-existing conditions, treatment and/or growth changes:

1. Extraoral and intraoral photos (may include digital or video images) to supplement the clinical findings.
2. Dental casts (or digital models) to assess the inter-arch and intra-arch relationship of the teeth, to help determine arch length and width requirements, and to assess arch symmetry.
3. Intraoral and/or panoramic/lateral radiographs to assess the condition and developmental status of the teeth and hard tissue supporting structures, and to identify any dental anomalies or pathology.
4. Radiographic imaging to permit relative evaluation of the size, shape, and positions of the relevant hard and soft tissue craniofacial structures including the dentition, and to aid in the identification of skeletal anomalies and/or pathology. Three-dimensional cone-beam computed tomography (CBCT) may be used as an imaging source to obtain this information.

3. Diagnosis and Treatment Planning

Prior to the initiation of orthodontic treatment, a diagnosis of the patient's oral health condition must be made. A diagnosis allows for the development of a treatment plan that addresses the patient's chief complaint; medical and dental history, and dental, facial, skeletal, functional, and/or psychosocial problems.
After a diagnosis has been established, a treatment plan must be developed. Such a plan will facilitate coordination of the treatment objectives and the various methods available for addressing them. A well-documented treatment plan should be based on the findings from the medical and dental history, clinical examination, diagnostic records, a critical evaluation of the patient’s needs and preferences, and the clinician’s professional judgement and preferences. A documented plan should be a standard of care. The plan should include:

1. A list of the patient's dental, facial, skeletal, functional, and/or psychosocial problems.
2. A diagnosis which coordinates the patient/parents/legal guardian's chief complaint with the clinical findings.
3. A documented plan for therapy which includes treatment goals, appliance selection, sequencing and timing of treatment, coordination with other health care providers, and retention.

The treatment plan should be periodically reassessed throughout treatment with progress records (at least, panoramic x-rays) every 12 months. This reassessment should take into consideration various limiting factors and establish short- and/or long-term objectives.

4. Procedure Codes

Procedure codes in our patient software are a way in which we document clinical appointments along with chart notes. They allow us to track a patient’s progress, assess issues and continue to develop the best patient care. It is very important that before checking out any patient, the procedure codes are checked for accuracy as items may have been completed that differ from the originally scheduled appointment.

TREATMENT CONSIDERATIONS

Record all entries accurately and in a timely manner
The patient's chart is a legally recognized document of every encounter between the patient and the doctor, including treatment provided to staff members on a pro bono basis. Failure to document every encounter could lead to questions about other relevant omissions. The veracity of the entries in a patient's record should never be in question. Entries should be timely, comprehensive, accurate, clear, and trustworthy. Avoid excessive or ambiguous abbreviations, especially if not commonly used.

Document treatment progress and next-visit treatment and observations
It is valuable in complex cases, or in those requiring significant tooth movements, to document how the case is progressing, especially if photographs are not taken. For example, document occlusal relationship improvement, reductions in spaces and overjet, resolving of crowding, and so on. Doing so makes the overall treatment notes flow well. Sharing the recognition of treatment progress with the patient or parent is a good method of relationship building. In addition, document next-visit treatment and observations to be made, such as observing oral hygiene improvement after giving oral hygiene instructions.
Document all important instructions or recommendations given to the patient.
When giving any advice, warning, or recommendation, document that this information was given. Make a note in the chart if you give a patient an educational brochure or handout, or showed an audiovisual educational tool. Document recommended interceptive treatment, extractions of deciduous teeth, diagnostic tests, medications, prescription toothpastes, and specific hygiene instructions. Specific professional advice could be recorded via simple statements such as, “Detailed hygiene instructions and consequences of poor hygiene were explained to patient and parent.” Repeated advice should be documented every time.

Oral Hygiene Classification
Oral hygiene is an important factor controlled by the patient during orthodontic treatment, which can affect the quality and timing of the therapy. Optimal oral hygiene requires thorough and clear professional instructions and patient motivation, which is an essential factor to obtain compliance. Patient’s oral hygiene must be checked at each appointment and documented on their clinical notes, as follows:

- **Excellent**: light to no visible plaque, no bleeding (red) and no calculus.
- **Good**: light plaque, localized bleeding (red) and no calculus.
- **Fair**: moderate plaque, localized bleeding (red) and light calculus.
- **Poor**: heavy plaque, localized bleeding (red) and moderate to heavy calculus.

Document when the patient does not cooperate or follow instructions.
The orthodontic patient is expected to act reasonably and follow instructions before, during, and after treatment. If a patient does not follow instructions (or even worse, engages in self-destructive behaviors), it is important to record contributory negligent acts in the chart. Poor oral hygiene or elastic wear, breakage of appliances, excessive numbers of missed or cancelled appointments, and unsuccessful efforts to reach disappearing patients need to be recorded. If poor oral hygiene is noted, document the degree or severity of plaque accumulation, white spot lesions, and gingival conditions. Photographic documentation is extremely helpful. Recording instances of poor cooperation as well as all discussions with the patient or the parent are essential.

Document all referrals to other health care providers.
Interdisciplinary care needs to be carried out effectively. Referrals require appropriate documentation, including keeping a hard or digital copy of the referral form in the patient's chart, as well as appropriate follow-ups. Be sure to document the reason for referral and to whom the referral was made. A copy of every referral for consultation, extraction, or any other service should be kept in the patient's chart, whether in paper or digital form. Whenever a patient declines a recommended referral, document this event and any probable negative consequences relating to this decision.
Early Treatment Termination
Extensive documentation is required if early treatment termination is imminent. Document each occurrence of noncompliance and all discussions, including the one in which you give the ultimatum of treatment termination if noncompliance continues. If it is a noncompliant child, document all discussions with the parent or guardian.

POST TREATMENT EVALUATION AND OUTCOMES ASSESSMENT
The effects of orthodontic treatment should be evaluated retrospectively with reference to the pretreatment condition. Consistent re-evaluation of treatment results along with continued review of treatment modalities and their effectiveness will serve to provide the public with the highest quality of orthodontic care. Limiting factors must be considered when evaluating treatment and outcomes.

Document completion of active treatment
It is essential to document when active treatment is completed. It is a good practice to inform the patient that treatment is completed on the day of debonding, notwithstanding that retainer checks will be made afterward. Many patients do not show up for appointments during retention. Welcome patients for follow-ups in the long term if needed. Be sure to inform the patient of his retention protocol and tell him to immediately call the office if retainers are lost or deformed so that they can be replaced or repaired.

Post Treatment Records
Post treatment unaltered records provide information for the quantitative and qualitative assessment of treatment changes as well as for education, research, and quality assurance. Post treatment records may include, but are not limited to:

- Extra and intraoral photos (digital, still or video images)
- Dental casts (hard copy or digital format)
- Intraoral, panoramic/lateral, and/or radiographic imaging to permit relative evaluation of the size, shape, and positions of the relevant hard and soft tissue craniofacial structures including the dentition.
- Other indicated procedures or tests

In Loco Parentis
*D4C policy requires that the Original Treatment Plan (Contract Form), Dental and Medical History (New Patient Forms) must be signed by a minor child’s legal parent or guardian.*

- Healthcare providers are able to provide care to minor patients who are under the care of someone other than the minor child’s legal parent/guardian, when operating under the applicable in loco parentis regulations.
- Treatment plans may be changed with consent of someone acting in loco parentis.
• HIPAA information may be shared with someone serving as in loco parentis.

In Loco Parentis is defined as a person in place of the parent. Someone who reasonably is serving as a parent.

What if… A treatment plan is signed but no legal guardian is present?

• The law states we may work on these patients and that in emergency situations we may change the treatment plan without consent.
• D4C Brands policy is that we must have an original treatment plan signed by the legal guardian, if an original treatment plan is signed we do not require the legal guardian to be present for dental work.
• Changes in treatment plan must be communicated to the person acting in loco parentis or the legal guardian.

ORTHODONTIC PHOTOGRAPHY

EXTRAORAL PHOTOS

First, the background used in taking the photos should be either a solid-white background (or a back-lit light-box), or a solid dark color such as dark blue. Taking extraoral photos with the patient sitting on the dental chair or with multiple objects in the background should be avoided. The assistant’s positioning for these photos would be standing a few feet away from the patient, and at the same eye level possible.

1. Frontal Smile

The framing of the shot should encompass the whole of the patient’s face and neck, with a reasonable margin of space all around. This is ensured by standing a reasonable distance away from the patient when taking the shot. The following general guidelines should also be noted:

- The patient should stand with their head in the natural head position, with eyes looking straight ahead into the camera lens
- Visualize a level line through the center of the eyes by rotating the camera if necessary.
- Ensure that equal amounts of the patient’s ear are visible; if not, reposition the patient’s head or rotate the camera to the left or right.
- Instruct the patient by saying, “Give me a big smile.” Teeth must be visible.
- Shoot the photo and then check on the results.

Note the distance between the top of the patient’s head and the top of the photograph in order to duplicate this same distance in the other photographs.

| PATIENT | PEOPLE | PROVIDER | PROCESS | PERFORMANCE |
2. Frontal Rest

The framing of the shot should encompass the whole of the patient’s face and neck, with a reasonable margin of space all around. This is ensured by standing a reasonable distance away from the patient when taking the shot. The following general guidelines should also be noted:

- The patient should stand with their head in the natural head position, with eyes looking straight ahead into the camera lens.
- Visualize a level line through the center of the eyes by rotating the camera if necessary.
- Ensure that equal amounts of the patient’s ear are visible; if not, reposition the patient’s head or rotate the camera to the left or right.
- The patient should hold their teeth and jaw in relaxed (rest) position, with the lips in contact.
- Instruct the patient by saying, “Now relax and look straight ahead for the next photo.”
- Shoot the photo and then check on the results.

3. Profile (Right Side – Lips Relaxed)

After taking the frontal face photos, the patient is asked to bodily turn to the left, thus having the right profile side facing the assistant. The head should be in the natural head position, with their eyes fixed horizontally. The whole of the right side of the face should be clearly visible, with no obstructions such as hair, jewelry, glasses hats or scarfs.

- Adjust the camera to so that the patient’s head is the same size as in previous photos.
- Position the patient so that the top of the ears and the corner of the eyes are level with one another.
- Lips are relaxed and in contact.
- Entire head and neck displayed.
- Turn the patient toward you until the left eyelash is slightly visible.
- Instruct the patient by saying, “Swallow, bite down on your back teeth and let your lips close naturally.” This keeps the patient from straining to close their lips.
- Shoot the photo, check on the results and save any that are acceptable.

INTRAORAL PHOTOS

4. Upper Occlusal
Here, the mirrors come into play. The assistant now switches to the single-ended (lip) retractor set and with the patient’s mouth held open. Then, insert the mirror with its wider end inwards to capture maximum width of the arch posteriorly, and pull it slightly downwards so that the whole upper arch is visible to the last present molar (if possible).

The patient may be instructed to lower their head slightly so that the shot can be taken 90° to the plane of the mirror for best visibility.

NOTE: The mirror should be heated before being used on the patient. Ensure that the mirror is not too hot by touching it to your skin prior to taking photographs.

- Position the patient directly in front of you with a straight midline.
- Instruct the patient to hold the upper lip out of the way with the lip retractor. Have the patient tilt his head back; insert the mirror and lock it into place behind the upper molars.
- Just prior to taking the photo, instruct the patient by saying, “Open your mouth as wide as an alligator.”
- Mid-palatal raphe is centered. See edges and back of incisors.
- Frame the entire arch with minimal lateral soft tissue displayed.

TIP: Rotate the mirror if the image appears uneven. If you see the holes from the mirror in the photo, pull the mirror down and have the patient tilt his head down.

### 5. Lower Occlusal

The assistant would now lift the mirror upwards so he/she may visualize the reflection of the lower arch, while the patient is asked to “lift their chin up” slightly. Ideally, the shot should be taken 90° to the plane of the mirror, with the last molar present (if possible).

An important issue here would be the tongue position while taking the photo. Ask the patient to “roll back” their tongue behind the mirror so that it won’t interfere with the visibility of any teeth, particularly in the posterior area.

- Position the patient directly in front of you with a straight midline.
- Instruct the patient to hold the lower lip out of the way with the lip retractor. Have the patient tilt his head back; insert the mirror and lock it into place behind the lower molars.
- Just prior to taking the photo, instruct the patient by saying, “Open your mouth as wide as an alligator.”
- Labial surface of the central incisors should be parallel to the bottom of the frame.
- Midline should be centered in the frame, filling it with the entire mandibular arch.
TIP: Rotate the mirror if the image appears uneven. If you see the holes from the mirror in the photo, pull the mirror upward and have the patient tilt his head back.

6. Right Buccal (in occlusion)

The patient is asked to turn their head to the left so the right side will be facing the assistant. Here, the assistant holds the right retractor and stretches it to the extent that the last present molar (first molar at minimum) is visible, while the patient maintains hold of the left retractor, without undue stretching.

The shot is taken 90° to the canine-premolar area for best visualization of the buccal segment relationship.

NOTE: Fully stretch the right retractor just before taking the shot to minimize any discomfort for the patient, and achieve maximum visibility of the last molar.

TIP: When you take this photo you should not be able to see past the opposite left lateral incisor. A frame should be used in front of the front teeth and behind the back teeth.

7. Center (in occlusion)

With the patient sitting comfortably in the chair and raised to elbow-level of the clinician, the assistant should use the larger set of retractors from the wide ends to retract the patient’s lips sideways and away from the teeth and gingiva. The photo should be taken 90° to the facial midline.

TIP: Rotate the mirror if the image appears uneven. If you see the holes from the mirror in the photo, pull the mirror upward and have the patient tilt his head back.

6. Right Buccal (in occlusion)

The patient is asked to turn their head to the left so the right side will be facing the assistant. Here, the assistant holds the right retractor and stretches it to the extent that the last present molar (first molar at minimum) is visible, while the patient maintains hold of the left retractor, without undue stretching.

The shot is taken 90° to the canine-premolar area for best visualization of the buccal segment relationship.

NOTE: Fully stretch the right retractor just before taking the shot to minimize any discomfort for the patient, and achieve maximum visibility of the last molar.

TIP: When you take this photo you should not be able to see past the opposite left lateral incisor. A frame should be used in front of the front teeth and behind the back teeth.

7. Center (in occlusion)

With the patient sitting comfortably in the chair and raised to elbow-level of the clinician, the assistant should use the larger set of retractors from the wide ends to retract the patient’s lips sideways and away from the teeth and gingiva. The photo should be taken 90° to the facial midline.
TIP: to avoid ‘lip rolls’ have the patient pull the cheek retractors forward and out.

8. Left Buccal (in occlusion)

This shot is very similar to the right buccal shot. The patient is asked to turn their head to the right so the left side will be facing the assistant. Here, the assistant holds the left retractor and stretches it to the extent that the last present molar (first molar at minimum) is visible, while the patient maintains hold of the right retractor, without undue stretching.

The shot is taken 90° to the canine-premolar area for best visualization of the buccal segment relationship.

NOTE: Fully stretch the right retractor just before taking the shot to minimize any discomfort for the patient, and achieve maximum visibility of the last molar.

- Use the long lateral cheek retractor on the left side and the wide retractor on the right side.
- Direct the patient to pull the cheek retractor forward on the right side and to stretch the retractor up and back against the cheek on the left side.
- Position the patient or adjust the camera to ensure that the occlusal plane is parallel to the frame.
- Just prior to taking the photo, instruct the patient by saying, “Now slightly stretch or pull back on the left side.” You may have to assist the patient with this.

TIP: Position the patient by turning the patient chair rather than turning their head. When you take this photo you should not be able to see past the opposite right lateral incisor. A frame should be used in front of the front teeth and behind the back teeth.

Keep in Mind

1. Always wear the camera strap around your neck when taking photos
2. When not in use, the lens cap should always be on the camera, and both the camera and the ring flash should be stored in their respective bags
3. Once you’ve finished taking your photos, there should only be 8 pictures stored on the memory card, if you had to retake any of the pictures and there are duplicates, delete them before removing the memory card from the camera
4. Load the photos immediately after taking them; once you have loaded the photos, delete them from the card
Ideal Orthodontic Photos

iTero 3D Scanning
iTero scanning can be done by anyone in the office after proper training. The below image shows the basics of scanning as well as links for video and a step by step training manual with tips on best practices for scanning.
ORTHODONTIC RADIOGRAPHY

In orthodontics certain types of x-rays or radiographs are taken as part of the patient’s diagnostic records. The two types of x-rays typically used are the Panorex (panoramic view of all teeth on one film) and the cephalometric x-ray (side view, “profile” of the head). These are taken at the initial exam, before beginning comprehensive orthodontic treatment and periodically repeated at certain intervals thought treatment. Your doctor needs these subsequent x-rays to monitor various factors. These may
include jaw growth, dental development, root positions, and to measure progress of the orthodontic treatment.

Remember always to review the patient’s health history on the chart and if there is a chance that a female patient may be pregnant, x-rays should not be taken.

NOTE: Always put a lead shield or apron on every patient before taking an x-ray. Also, protective aprons should be hung or laid flat and never folded.

**PANORAMIC X-RAY**

**Machine Preparation**
- Ensure that the panoramic machine is turned on and that the rotating component of the machine, comprising the x-ray source and receptor, is returned to the start position.
- Adjust the height of the machine to the approximate height of the patient.
- Prepare the patient positioning device.

For digital panoramic radiography, the patient’s information is entered into the appropriate database or software for image identification.

**Patient preparation/positioning**

a) Have the patient remove all metal from the neck up including dentures, earrings, necklaces, hairclips, eyeglasses, facial piercings, etc.

b) Place the lead apron on the patient. Thyroid collars are never used since they would attenuate the x-ray beam and produce a white non-exposed area on the radiograph.

c) Position the patient into the focal trough. Guide the patient into the machine, so that they are standing tall, directly in front of the patient positioning device. Many manufacturers use a bite stick as a patient positioning device. This bite stick often has notches into which the patient bites his/her maxillary and mandibular incisors. Have the patient bite into the notches, ensuring that his/her midline is centered on the stick and the midsagittal plane is straight. Some machines provide a vertical light line as a guide to accomplish this.

d) Instruct the patient to grasp the handles of the machine. This provides stability for the patient and helps to keep them in the correct position during the exposure.
e) Ensure that the patient is standing as tall as possible with his/her cervical spine fully extended. To accomplish this, place gentle upward and forward force on the back of the patient’s head using your hands while the patient keeps his/her chin down and forehead forward. The height of the machine can now be adjusted more precisely so that the patient’s chin is on the chin rest and the patient’s ala-tragus line is approximately horizontal. A horizontal guide light may be present to assist in this positioning. An alternate guide to determine how far a patient’s head should be tipped up or down is to look at the maxillary and mandibular incisors from the side of the patient and to position them so that they are, together, as vertical as possible. This positions the alveolar bone of the anterior region within the focal trough and therefore produces a clear image of this area.

f) While looking at the patient from the side, have the patient smile so that the maxillary canine can be seen. The anterior/posterior position of the patient is now adjusted so that the canine light line (if equipped) passes approximately through the maxillary canine in a vertical direction.

g) Ensure that the patient’s shoulders are not in the path of the machine and make any necessary adjustments to create room.

h) Close the temple supports on the patient’s head to reinforce its stability.

i) Describe to the patient what will happen during image acquisition, including that the film/x-ray source combination will rotate around his/her head, the length of time of the exposure and any sounds that they will hear. This will help ensure that the patient maintains the correct position and stays still during the exposure.

j) Instruct the patient to place his/her tongue flat onto their hard palate and to close their lips around the bite stick. Ask the patient to hold still, maintaining their position until instructed otherwise by the operator.

**Machine preparation and exposure**

a) Set the exposure parameters. Select the patient size and adjust exposure parameters as applicable.

b) Exit the operatory and activate the exposure button. An audible beep will be heard while x-rays are being emitted. Some machines require the operator to hold the exposure button for the entire duration of the exposure.
c) When the exposure is complete and the beep is no longer heard, re-enter the operatory and remove the patient from the panoramic x-ray unit. Some machines require a button (reset) to be pushed in order to return the film/x-ray source combination to its start position.

d) The sensor has now been exposed and is ready for image reviewing.

**Image Evaluation**

Upon completion of the exposure, open the file to ensure it is of good quality and captured all face/head anatomical structures (see below image). Retake as applicable, following the ALARA (as low as reasonably achievable) principle.

![Panoramic X-Ray Image](image_url)

**Cleaning and Disinfection**

- To ensure the prevention of cross-contamination, the operator must dispose of the bite guide after each usage.
- While wearing gloves, use a disinfectant wipe to wipe the equipment’s surface such as head positioner, bite stick, chin rest, patient handles, and temple stabilizers between patients

**LATERAL (CEPHALOMETRIC) RADIOGRAPH**

**Machine Preparation**
- Ensure that the cephalometric machine is turned on and that the rotating component of the machine, comprising the x-ray source and receptor, is set to the start position for this x-ray.
- Adjust the height of the machine to the approximate height of the patient.
- Prepare the patient positioning device.

For digital cephalometric radiography, the patient’s information is entered into the appropriate database or software for image identification.

**Patient preparation/positioning**

a) Have the patient remove all metal from the neck up including dentures, earrings, necklaces, hairclips, eyeglasses, facial piercings, etc.

b) Place the lead apron on the patient. Thyroid collars are never used since they would attenuate the x-ray beam and produce a white non-exposed area on the radiograph.

c) Guide the patient to the unit in front of the ceph arm rest. Adjust the height of the unit using the UP and DOWN keys on the control panel or ceph head as necessary. Ask the patient to step forward and hold still while you prepare the ceph head.

d) Rotate the ceph head into the desired position.

e) Open the ear holders using the appropriate knob. Position the patient and rotate the knob so that the patient will be securely positioned using the ear holders.

f) Press the light key to turn the patient positioning laser lights on in order to properly align the patient's head (if equipped). The laser diodes will automatically switch off after a period of time, or if the exposure button has been pressed. If the laser diodes turn off during patient positioning, press the light key again. Use the laser to position the Frankfurt plane.
g) Describe to the patient what will happen during image acquisition, including the length of time of the exposure and any sounds that they will hear. This will help ensure that the patient maintains the correct position and stays still during the exposure.

k) Instruct the patient to “bite down” and to close their lips. Ask the patient to stay still, maintaining their position until instructed otherwise by the operator.

Machine preparation and exposure

a) Set the exposure parameters. Select the patient size and adjust exposure parameters as needed.

b) Exit the operatory and activate the exposure button. An audible beep will be heard while x-rays are being emitted. Some machines require the operator to hold the exposure button for the entire duration of the exposure.

c) When the exposure is complete and the beep is no longer heard, re-enter the operatory and remove the patient from the cephalometric x-ray unit. Some machines require a button (reset) to be pushed in order to return the film/x-ray source combination to its start position.

d) The sensor has now been exposed and is ready for image reviewing.

Image Evaluation

Upon completion of the exposure, open the file to ensure it is of good quality and captured all face/head anatomical structures (see image below). Retake as applicable, following the ALARA principle.
Cleaning and Disinfection

- While wearing gloves, use a disinfectant wipe to wipe down the equipment’s surface such as nose support and ear rods between patients

Common Errors while taking Panoramic/Cephalometric radiographs:

- Forgetting to remove metallic items may result in white/radiopaque images on the film. These opaque shadows may obscure areas on the film, potentially compromising the evaluation of the structures in the region.
- If the patient is not biting in the correct position on the bite stick, then their jaw will not be aligned in the focal trough and the image will be distorted.
- Failure to position the patient so that the mid-sagittal plane is straight may produce an image that is asymmetrical. When the patient is positioned so that the head is rotated to the left or right, the resulting image will become distorted with magnification of one side and minification on the other side.
- If the patient and machine are positioned so that the patient is in a hunched position, the image produced will show pronounced superimposition of the cervical vertebrae over the midline area, making evaluation of structures in the area more difficult or impossible.
- Also if the patient is hunched the lead apron may become positioned within the path of the x-ray beam. This is exacerbated because the beam is directed in an upward direction from below the patient’s neck. The resultant attenuation of the x-ray beam produces a white triangular artefact or “shark fin-like” structure projecting from the bottom of the film.
- Tipping the patient’s chin too far up or down leads to poor image quality. With the chin up, the occlusal plane appears flattened out or “frowning” and there is superimposition of the palate over the apices of the maxillary teeth. With the chin too far down, there is an exaggerated upward curve or “smile” of the occlusal plane and the mandibular incisor region may not be seen clearly because it is out of the focal trough. Structures, such as the condyles or mental region, may also be cut off the image.
- If the patient is positioned too far forward or backwards then image distortion will result. With the patient too far forward, there is minification of the anterior teeth and with the patient too far back, magnification occurs.
- If the machine hits the patient’s shoulders then it may cause the patient to move or it may stop the machine, terminating the image acquisition prematurely and resulting in a partial panoramic image.
• If the tongue is not placed on the palate, an air space exists between the dorsal surface of the tongue and the roof of the mouth. This creates an overexposed black or “burned out” region which obscures clear visualization of the apices of the maxillary teeth.
• If the lips are not closed, an overexposed black region corresponding to the open oral orifice can also obscure the crowns of the maxillary and mandibular anterior teeth.
• Movement of the patient during the exposure will produce a blurred image.

Safety measures in taking x-rays:

Since most states require orthodontic staff to take radiation safety course before operating x-ray machines, this information may be redundant. The following are ways radiation exposures can be reduced for orthodontic staff and patients. This is not meant to take the place of a required radiation safety course.

• Never stand unprotected in the path of the primary radiation beam.
• Stand at least six feet from the patient or behind a screen.
• Never hold an x-ray film during exposure.
• Never take unnecessary x-rays.
• Always use a lead apron on all patients.
Section VII – Treatment Coordinator
THE ROLE OF THE ORTHODONTIC TREATMENT COORDINATOR
The Orthodontic Treatment Coordinator (TC) works as the liaison to patients and their parents to help guide them through the new patient experience and into treatment. The TC forms lasting relationships with the new patients that help not only to establish trust in the practice, but also to identify the concerns and priorities of the patients in seeking treatment. The TC in many ways works as a translator, conveying the patient’s wants/needs to the Orthodontists and in turn then conveying the Orthodontists treatment plans to the patients.

The TC also serves as the financial and insurance benefit expert to obtain a high percentage of treatment acceptances from the patients. TC is responsible for following up with patients, after the visit with the doctor, to ensure that all questions, related to planned treatment and corresponding fees, are answered. As well as following up with any referring doctors that treatment may need to be coordinated with.

GENERAL REQUIREMENTS OF THE ORTHODONTIC TREATMENT COORDINATOR

- Educates patients on oral healthcare of braces and their appliances.
- Presents Orthodontic treatment plans and gives estimates of treatment costs to obtain high treatment acceptance.
- Review and understands the patient’s insurance benefits.
- Performs introductory phone calls for potential new patients and works recall reports.
- Takes diagnostic x-rays, as needed.
- Delivers quality and compassionate care to every patient.
- Explains, promotes and adheres to the Company’s payment policies and procedures.
- Solicits referrals from patients’ pre/post treatment.
- Accurately charts and documents all notes pertaining to the patient during the exam and treatment set forth by the Company guidelines.
- Follows all administrative procedures and policies to ensure consistent standards.
- Attends and participates in all office meetings, continuing education events and daily huddles.
- Contact patients/guarantors the day prior or the day of the appointment regarding fees due and confirmation of the appointment.
- Prepares for each assigned office monthly Key Performance Indicators (KPIs) and prioritizes day-to-day activities based on the KPIs.
- Assist the Orthodontic Front Office Coordinator as needed.
- Complies with all of the laws and regulations, including HIPAA, OSHA, etc.
Office Policies and Protocols

Daily Huddle
- Our day begins or ends with a team huddle. This is a time when goals and values are discussed and reviewed amongst the team, Practice Manager, and Orthodontist. The Ortho Treatment Coordinator is directly responsible for informing the team on how many starts are needed to reach goal, provide an update where the schedule allows for work in consults and/or same day care opportunities. The doctor and PM in coordination with their RDO will outline the huddle that best suits the office's needs but it should include:
  - Start Goal progress
  - Scheduling issues for the day
  - Patients of note - often clinic members will each be in charge of reviewing a column and presenting any information of importance
  - Opportunities
  - Schedule openings and upcoming schedule roadblocks such (for example how many weeks out a holiday break is so the Orthodontist knows what weeks to avoid when recommending when a patient returns
  - Team & company updates

Scheduling
While the Front Office Coordinator will handle the majority of scheduling, the TC will handle scheduling most initial bonding’s and start appointments while the patient is in the consult. Refer to your specific software for accurate procedure times. As previously mentioned, these appointments will need to be scheduled in your practice management software as well as noted in OrthoFi as the “banding date” or “appliance insert date” so that insurance claims can be properly submitted by the FOC on that date.

Procedure Times
Example of most common procedure times for initial bondings & starts. These appointments typically take a bit longer than the same type of bonding appointment further into treatment, as it’s the first time the patient is bonded.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Total Assist. Chair Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scan for appliance/Invisalign (records already completed)</td>
<td>8-10 minutes</td>
</tr>
<tr>
<td>Scan for appliance/Invisalign (records not completed)</td>
<td>30 minutes</td>
</tr>
<tr>
<td>START Bond 2-2</td>
<td>30 minutes</td>
</tr>
<tr>
<td>START Bond 1 Arch</td>
<td>60 minutes</td>
</tr>
<tr>
<td>START Direct U/L Full Bond &amp; Banding</td>
<td>1.5-2 hours</td>
</tr>
<tr>
<td>START Indirect U/L Full Bond &amp; Banding</td>
<td>1-1.5 hours</td>
</tr>
<tr>
<td>Insert Initial Appliance</td>
<td>30-60 minutes</td>
</tr>
<tr>
<td>Insert Invisalign Initial</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Impressions</td>
<td>15-30 minutes</td>
</tr>
</tbody>
</table>
Transfer in Patients
- A New Patient Exam is scheduled and workflow follows new patient protocol
- AAO records release form is signed by patient and if records were not obtained prior to the exam, call the previous Orthodontist and try to gather the information

Transfer out Patients
- Patient should sign the AAO records release form
- Inform the patient that the account will be pro-rated based on services rendered
- Refer to RCM Department or use the D4C proration document to prorate account - This will be done by the PM or RCM Department and OrthoFi will be notified to update their financials
- Inform the patient of their balance and collect any balance remaining on the account
- Have the current Orthodontist fill out the AAO Transfer Form / Active Patient in Orthodontic Treatment or Retention
- Send the AAO form and a copy of the patient's records to the new Orthodontist

*Patients transferring in or out of one office to another office within the company still should follow the above protocols. If transferring within the same state, it is up to the doctor owner and practice manager to discuss and decide how to handle the financials for the transfer. If transferring to an office in a different state, the financials should handle the same as transferring to an outside practice. In all cases, a new contract and documents should be completed.

Special Orthodontic Cleanings
- The Doctor Quality Care Team recommends a 3-month cleaning while patients are in braces to help prevent any oral hygiene issues.

Materials and Procedures
- We utilize the highest quality and most advanced materials available for children’s dental care. Our x-ray technique and procedures are all designed to minimize exposure. Lead aprons with a thyroid collar should always be used when appropriate. Radiographs are only taken when diagnostically appropriate.

Sterilization
- We adhere to the highest standards and methods of sterilization procedures. This is for the protection of the patients and our staff’s health.

Emergency Care
- We pride ourselves on being available 7 days a week, 24 hours a day for emergency phone calls.
Compliance

- D4CDB utilizes a third party independent firm, Ethics Point, for compliance. This is a confidential, easy-to-use, and always available hotline you can call to express any compliance concerns, ask questions, and offer details. Ethics Point (844) 815-8229

Radiographs

- All X-rays should be taken by the assistant throughout the patients’ treatment at the recommendation of the Orthodontist. A panorex is taken at the new patient exam or a recent one is obtained from the primary dental provider. After the initial exam appointment, the panorex is recommended to be taken every six to twelve months or yearly as determined by the Orthodontist and depending on the patient’s needs.

When to speak to the Parents of the patients

- Speak with parents at each visit if possible to address questions or concerns. Each patient should be walked out to the responsible party/parent and the procedures and treatment progress should be explained to the responsible party/parent as well as what to expect at the next visit.

Positive Reinforcement

- We always recommend positive reinforcement to stop an active thumb or finger habit. Mavala, a bitter fingernail polish and/or a thumb/finger guard are recommended to help stop the habit prior to offering a habit appliance.

Charting

- Good charting notes are crucial in a quality orthodontic practice. Notes should be charted by the orthodontic assistant at every visit and should include the following:
  1. Who accompanied the child
  2. Daily treatment notes
  3. Next visit notes
  4. Procedure codes of daily treatment activities
  5. Arch wire sizes
  6. A hygiene score – please review OHI and suggest aids
  7. Elastic geometry and sizes
  8. Future treatment notes should be included with each patient visit

*Please include in your notes any pertinent conversations you have with patients/parents or concerns addressed. Please remember if it is not documented, it did not happen.

- Procedure codes in our patient software are a way in which we document clinical appointments along with chart notes. They allow us to track a patient’s progress, assess issues and continue to develop the best patient care. It is very important that before checking out any patient, the procedure codes are checked for accuracy as items may have been completed that differ from the originally scheduled appointment.
Company Policy with Parents

- Parents are allowed to come back in the clinic with their child and be involved with their treatment. Parents should be asked at each visit if they have any questions or concerns about the orthodontic treatment of their child. Do not wait until the end of treatment to uncover a problem that could have been addressed early on in the treatment.

Estimated Completion Date Communication

- If problems arise due to patient cooperation, set up an appointment to review the case with the parent/patient.
- The Orthodontic Assistant is required to watch the estimated completion date. If the treatment is lasting longer than the original estimated completion date, talk to the Orthodontist to evaluate how much longer the patient will be in braces and if there will be additional charges for extended treatment.
- It is recommended that the Orthodontist inform the patient at periodic intervals when the braces are planned to be removed by confirming the brace removal date. Remind the patient that this is an estimate and a progress panorex can be taken to help determine treatment completion date.

Extraction of Teeth

- We encourage the Orthodontist and Ortho Treatment Coordinator to refer within the D4CDB group to schedule extractions and other services that D4CDB provides.
- Referrals are documented in the patients chart under the referred out section and in the chart notes of the patient account.

Hygiene concerns

- Hygiene concerns should be discussed immediately with the patient and the Orthodontist. Please bring the parent into the conversation on your findings and document the discussion. Some Orthodontist’s will recommend to stop treatment if the oral hygiene is poor and restart treatment when improvement is seen or deband the patient if there is no improvement. This decision is at the sole discretion of the treating Orthodontist and their concern for the health of the patient.

Loose Brackets / Excessive Breakage

- We do not charge for broken brackets, unless bracket loss becomes excessive. Discuss the need to improve and to finish on time to reach your goals for the patient.
- Assistants should discuss and document conversations, and replace any broken brackets if possible. Always replace any missing anterior brackets the same day. Assistants should inform the Orthodontist and Orthodontic Front Office Coordinator if any charges should be discussed with the responsible party/parent regarding any excessive breakage of appliances, brackets, wires, hardware, etc.
Common Barriers to Accepting Treatment

Understanding why a patient chooses not to pursue treatment is often just as important, if not more important as understanding why treatment is needed. Great TC’s don’t start every patient they see, but they can identify when the patient leaves what the barrier is they need to help the patient overcome. The most common fall into the following areas:

- **TIME**- Often times patients schedules are so challenging that it can be difficult for the patient to schedule a follow up visit to have their treatment completed.

  o **Example Verbiage:** “I understand you have limited availability and we need to find a way to work this treatment into your schedule. Fortunately, Dr. Jones can go ahead and start your treatment while you’re here today. That way, you can avoid having to come back for a separate appointment. How does that sound?”

  - If they are not able to start treatment same day:

  o **Example Verbiage:** “That is not a problem at all. I will schedule your appointment at a more convenient time. Are Tuesdays still typically the best days for you? Great! I have an opening next Tuesday at 10am; how does that sound?”

- **FINANCES**- A patient’s financial situation is a very common barrier to accepting treatment. It is our job to be the patient’s financial advocate so they feel comfortable accepting treatment from us.

  o **Example Verbiage:** “Part of my role is to help you find a way to work the needed treatment into your budget. The good news is, you have excellent insurance that is going to cover a substantial portion of the treatment cost…”

- **FEAR**- Many patients, both adults and parents of youth, have a fear based on lengthy treatment commitment and fees. They sometimes fear they are not candidates as myths circulate about complex treatments needing complicated surgical outcomes that are painful and beyond reach. As specialists, it is our responsibility to help ease our patient’s anxiety so they feel safe to proceed with the treatment they need.

  o **Example Verbiage:** “I understand this treatment may be scary. Dr. Jones is specially trained to offer you choices that fit both your lifestyle and budget so you can achieve that smile you or your child want and deserve for function and aesthetics. We offer solutions such as Invisalign or traditional braces to achieve a painless, quick, and financially achievable outcome. We use gentle, predictable forces, like a gentle hug on your teeth to guide them into their forever position. There should be no reason in our office that fear or finances get in the way of your smile journey.”

  o **Additional Example Verbiage:** “As Specialists in Orthodontic treatment, we are professionally trained to help our young patients understand their treatment in a positive way. We first tell our patients what we are going to do. We then we show them what will be happening. All of this is done to acclimate them so they are mentally ready when we actually perform the procedure.”
VALUE/ DENTAL UNDERSTANDING- Many patients or parents will not understand the importance of treatment as something more than cosmetic or that timing is not important. These are examples of times we have not done a good enough job showing them the value of treatment and explaining the future implications of not pursuing treatment.

- **Example Verbiage:** “I understand treatment may not be feasible at this moment or that you may want to discuss further with your spouse or family the options. Let’s review together the reasons treatment is so important for your long-term health so you have all the information available to make a decision”

- **Additional Example Verbiage:** “I understand treatment is a big decision and I know Dr. Jones wants to ensure we provide the best care for Johnny. Since the timing of this treatment is so important based on his growth and development, why don’t we review together the reasons treatment is so important for Johnny’s long-term dental health so you have all the information you need to make a decision.”

### Treatment Coordinator- New Patient Workflow

**Preparing for the Patient**

- Introductory call to patient 2-3 days prior to consult
- Work with FOC to ensure any records from outside offices are requested/received in OrthoFi prior to consult
- Prepare New Patient Folders
- Huddle prep
**New Patient Consult**

**Arrival**
- The Front Office Coordinator greets patient and parent with a pleasant positive demeanor. Make family feel appreciated and welcome.
- The FOC verifies all new patient paperwork has been completed in OrthoFi
- The FOC lets TC know patient has arrived and pass on any pertinent information gathered during conversation
- FOC handoffs to TC - always introduce the patient to the TC

**Records/Meet & Greet**
- Takes new patient to consult room (when possible giving a tour of office on the way)
- Review what will happen at this appointment
- Take records: intraoral photographs, x-rays- pan & ceph, iTero scan if patient has all adult teeth
- In some offices this may be completed by a records tech who will then handoff to the TC
- Display patient photos on television or monitor so patient can see them; print Xrays for patient
- Review with the patient/parent the "meet & greet" questions to gather information needed for debrief with Orthodontist

**Doctor Debrief**
- Meet with Orthodontist in their office to debrief them on the patient
- Orthodontist gives treatment plan to TC & reviews important factors to ensure they are thoroughly covered with patient and documented in chart
- TC brings Orthodontist into consult room to introduce Orthodontist to patient

**Exam**
- Orthodontist performs clinical exam- calls out all findings to TC to chart
- Orthodontist reviews photos, Xrays & findings with patients
- Recommends treatment (brief description), observation or no treatment to patient
- Handoff to TC to explain treatment plan and review financials with patient

**Treatment Presentation**
- TC reviews Treatment plan with patient
- Shows any appliances to patient that may be used
- Discusses timeline, what to expect and any concerns patient may have
- If patient is not yet ready for treatment, TC explains to patient/parent the observation program and the importance of being regularly seen

**Financial Presentation**
- TC does Financial presentation with patient using OrthoFi & Chromebook
- In some offices this section may be done by the PM or Financial Coordinator
- Discuss payment options and determine with option works best for patient
- Offers to get started same day to save patient a trip (does not always mean bonding braces same day)
Conclusion of Appointment

- TC will work with patient to start same day, schedule a future start date or discuss follow up if patient is not ready to get started
- Same Day Start: TC will complete contracts, payment & any necessary records to start
- Scheduled Start: If not starting, TC will always offer to schedule start
- Recall/Observation Patients: If patients not orthodontically ready for treatment, TC will schedule follow up visit

Patient Next Steps

- TC gives NP folder to patient/parent & sends financials in OrthoFi to patient via email
- TC guides patient and parent back out to lobby and thanks them for their time
- TC reviews chart notes, any documents obtained are in patient account & checks out patient
- TC changes patients status in patient management system, updates status in OrthoFi & sets follow up date

Walk Out Patient

- TC will send any doctor letters, referrals or follow up documentation needed
- TC will follow up with any patients who did not start treatment and document in OrthoFi

Patient Follow Up

Pre-visit: Preparing for the Patient

Prior to any New Patient appointment the TC should prepare for the patient and gather all the necessary documents to ensure there are no barriers to the patient beginning treatment if they are dentally ready. Recall/Obs patients who are likely ready to start treatment (Obs READY) at their next visit should be scheduled in the TC’s column for this visit and treated like a consult so an exam, treatment and financial presentation can be done. Much like new patients, their information should be prepared in advance so the team is ready to get them started with treatment. Since they will already have an account in OrthoFi, Obs READY patients will only need to verify everything in their account is still accurate and will not need to complete paperwork.

These include reviewing and documenting the following:

New Patient:
- **New Patient Encounter Form**
- Documents completed in OrthoFi:
  - New Patient Paperwork- review referral source, questionnaire answers, check insurance is verified and no issues
  - **Patient Creation**
  - **Patient Forms Email Timing**
  - **Patient Exam Management**
- Any records needed from DDS or referral source (X-rays, documents, etc.)
Recall/Obs Ready:
- Chart Notes from last visit - was treatment already discussed?
- Insurance Verification - it is important to re-verify insurance for these patients as their plan may have changed since their initial consult when insurance was verified originally. Check in OrthoFi to ensure they completed the updated paperwork and to ensure we have the correct insurance on file.
- Last Records - determine if new x-rays will need to be taken at this visit
- Patient Information - Any family in treatment? Previous treatment (phase 1, retainer, etc.)

Introduction Call

The Ortho Treatment Coordinator makes an introduction call to the parent/guardian at least 1-2 days prior to the new patient visit.

“Hi _____, My name is _____ and I’ll be your treatment coordinator for your appointment with Dr. Jones at Specialist in Orthodontics! Dr. Jones asked me to call to see if you have any questions before our appointment or need directions to our office?”

*Acknowledge main concern from patient encounter form:

“We all look forward to meeting you/and ____. I know you are really going to like Dr. Jones. Please allow an hour for the appointment. Dr. Jones will do an extensive exam and review everything with you. I see when you scheduled you mentioned you were concerned about ____?” (pause for their response)
I will ensure we cover all your concerns when we meet with Dr. Jones and if he feels _____ is ready for treatment, and you are ready, we will go ahead and get him/her started.” (pause for their response)

This call should be documented in the communications section of the patient’s account in OrthoFi with any information gathered during the call which may include:
- Who will be accompanying the patient
- Any barriers to starting treatment (i.e. nervous, financials, etc.)
- Main concern the doctor needs to thoroughly address during consult
- Level of patients dental knowledge– this helps you and your doctor plan how much detail or explanation you may have to spend time on during the consult

Insurance Verification
Insurance will be verified by OrthoFi for any new patient or recall patient coming in for an appointment so long as they have properly completed their paperwork. It is the responsibility of the FOC to check in OrthoFi for upcoming appointments to ensure all needed information is in OrthoFi and that it is verified prior to the patient’s appointment. OrthoFi sends out texts and email reminders automatically to patients until their paperwork is completed; however, if a TC sees that a patient’s paperwork has not been completed, they should ask during their confirmation call to get this completed.

“Mrs. Johnson, I noticed you have not yet completed your paperwork for your appointment. Did you receive an email from our software OrthoFi? It’s very important this is completed prior to the appointment so Dr. Jones has time to review Jonny’s medical history and so that insurance benefits can be verified in time for your appointment.”

OrthoFi Insurance Eligibility Management
This explains the different statuses in OrthoFi to ensure insurance is verified for patients.

OrthoFi Insurance Unable to Verify
While insurance is verified by OrthoFi, it is the offices responsibility to ensure we are getting information in a timely manner so it can be verified before the patient’s appointment. It is also important that FOC’s and TCs understand how insurance works so that they can still properly explain the information to the patient and setup the proper insurance claim information when they start treatment. Below is a list of the time required for insurances to be verified prior to an appointment.
Understanding Orthodontic Insurance

All offices have a list of insurances accepted and/or participating with as well as their fees for each type of treatment. Each office also has a list of fees by treatment type with the companies UCR & self-pay fee. Simply put, UCR is the rate we charge for treatment and self-pay is the fee we charge patients who have no insurance (giving them a discount from the UCR fee). These fees are all preloaded in OrthoFi to populate when putting together their contract. The most important thing in explaining insurance to a patient is explaining that their benefits are an agreement they have entered into with their insurance company and we are only a provider who files on their behalf. If their insurance company refuses to pay or denies treatment for any reason, this is not the office's responsibility and the patient will be responsible for anything they don't cover.
**Contracted Rates with In-Network Insurance:**

When the office is in network with the insurance plan, any out of pocket for the parent or legal guardian will be at the insurance’s contracted rate instead of the Company’s UCR /Self-Pay fees. This means you cannot charge more than this for the type of treatment associated with that fee. This is explained to patients as “Now Mrs. Jones, because you have chosen an orthodontist who participates with your insurance, you get the benefit of a contracted rate with them. This is a savings of ______ from our initial treatment fee for you!” However, if the amount you are charging is less than the contracted rate, you do not raise the price of treatment to match it.

**Orthodontic Lifetime Maximum:**

Unlike dental insurance being used for cleanings, orthodontic insurance is based on a lifetime maximum that the insurance agrees to pay at a certain percentage of the total cost of treatment. Insurance will always pay the lesser of these two numbers (i.e. if the coverage amount is less than the percentage of total treatment fee, they will pay the coverage amount). For many insurance companies, this lifetime maximum is the same amount if the patient goes to an in or out of network provider but it can be different so it is always important to ask the insurance agent when verifying insurance for a patient.

Examples:

- A patient with Cigna may have an orthodontic plan of 50% of treatment up to a $1000 lifetime maximum and the treatment plan you are presenting is for $5000. In this scenario, Cigna will pay the whole $1000 because this is less than 50% of treatment ($2500).
- A patient with Cigna may have an orthodontic plan of 50% of treatment up to a $3000 lifetime maximum and the treatment plan you are presenting is for $5000. In this scenario, Cigna will pay the 50% of treatment because this is only $2500 compared to the lifetime maximum of $3000
  - Anytime a balance of a lifetime maximum exists as it would in the above example, this remains for the patient to use on future treatment if needed for as long as they have the same insurance plan.
- This Orthodontic benefit is separate from the above contracted rate and will be paid directly by the insurance company over the course of treatment. Insurance companies like to ensure patients keep their insurance for the entirety of treatment so it is important to explain to the patient that to receive the full benefit, they must keep the insurance for the entire duration of treatment. Otherwise the coverage amount will likely be prorated and the unpaid portion will become the responsibility of the patient.
For example: “Now Mrs. Jones, because you have chosen an orthodontist who participates with your insurance, you get the benefit of a contracted rate with them. Our treatment fee for Johnny is $6990, but our contracted rate with Cigna is $5000. This is a savings of $1990 from our initial treatment fee for you! In addition, your Cigna plan also has orthodontic coverage at 50% up to $1500, which means they will cover an additional $1500 towards treatment! It is important to know that they will pay this amount out over the course of Johnny’s treatment so it is important you keep the insurance for the entirety of treatment, otherwise any remaining balance would be your responsibility to cover.”

Common Insurance Factors & Stipulations:
These are the most common factors for why a claim may be denied and are a crucial part of the insurance verification process and presenting insurance to patients.

- **In-Progress Treatment:** This refers to any orthodontic treatment started prior to the patient’s insurance coverage starting. Some plans allow in-progress treatment, some pro-rate their coverage based on the number of months the patient is in treatment while covered by the insurance and some plans will not cover anything if treatment is started before the date of the plans activation.

- **Waiting Periods:** This refers to a time period between when a patient’s insurance plan becomes active and when their orthodontic benefits can actually be used. For instance, some plans will say they have orthodontic coverage, but require a 1 year waiting period in which the patient must have the insurance for an entire year prior to being able to use the benefit. Typically if orthodontic coverage is started prior to the end of this waiting period, coverage will be denied.

- **Dentally Necessary:** This refers to when an insurance company requires the treatment to be “dentally necessary” for them to cover anything. Typically, this means it can’t be treatment just to correct crowding or something, it usually requires the bite to be a class II or III. In these cases you should always ask what the requirements for that insurance company are for dental necessity, file a pre-authorization or explain to the patient that it may not be covered.

- **Medically Necessary:** This refers to when an insurance company requires the treatment to be “medically necessary” for them to cover anything. This is not the same as dentally necessary and is very rarely covered. In these cases if the patient wishes to find out about coverage before starting, a pre-authorization should always be submitted to the insurance company prior to starting treatment. Medically necessary cases vary by insurance company, typically require additional documentation and require the orthodontist to prove that orthodontics are crucial in the ability of the patient to continue to survive.

- **Age limits:** This refers to when an insurance plan offers an orthodontic coverage but only within certain age limits. This is most common with dependents but can also exist for primary plan holders as adults. Most common is an age limit of 18, possibly with the addition of an age limit of 23 for students. Every plan is different.
• **Pre-authorization:** A pre-authorization is the filing of an insurance claim for a patient’s proposed treatment plan without them actually starting yet. Basically asking the insurance company to review and determine if they will approve future claims if this plan is started. Pre-authorizations typically take 2–4 weeks to hear back from an insurance company with determination
  
  • **Insurance Pre-Authorization**

**Insurance Claim Codes for Treatment**
Still waiting on information for this; will definitely need to be added but will be important in making sure claims are properly submitted in OrthoFi.

**Initial Claim**
TC’s are responsible for making sure the correct information is placed in the initial Insurance Claim when they start a patient. This includes the above claim codes (reason for treatment) and setting the expected appliance date. The FOC will then be responsible for checking to submit the insurance claim on the date appliances are delivered or to reschedule this date on the claim if an insert appointment is changed. In the event a patient cancels an insert appointment and does not reschedule, the FOC will attempt to reschedule them and will notify the TC and PM so that we do not lose track of patients who technically “started” but have not begun treatment.

**Huddle/New Patient Prep**
Prior to any patient day, the TC should review all New Patients & Recall/Obs Ready Patients and ensure that they have all necessary information for the following day. At Morning huddle, the TC is responsible for reporting to the team about New Patients.

Pertinent information to review includes:
• Patient Name. Age & Any family in treatment
• Referral Source
• Any Barriers to treatment
• Any information that might impact the schedule (i.e.- mom in a hurry and needs to leave by certain time or case likely to be complicated so will need to plan more time with doctor in consult)

Recall/Obs Ready Patients:
• Patient Name. Age & Any family in treatment
• Notes from last visit: any treatment planned, discussions with patient/parents
• Any previous treatment (i.e. phase 1, retainer, etc.)
• Any records that need to be updated at appointment
• Any Barriers to treatment
• Any information that might impact the schedule (i.e.- mom in a hurry and needs to leave by certain time or case likely to be complicated so will need to plan more time with doctor in consult)
The following forms are a great resource for new TCs to start getting used to the flow and making sure they have all necessary information prepped. They are also a great ongoing tool for TCs to utilize for consults:

**New Patient Meet & Greet Form**

**Recall Meet & Greet Form**

**Initial Visit Paperwork**

The new patient completes the appropriate paperwork prior to the appointment via OrthoFi and can be accessed by the TC & FOC once complete. It is the FOC’s responsibility to carry over any information into the patient software system such as phone numbers, address, medical history, etc. When the patient arrives for their appointment, they will need to complete the HIPAA Acknowledgement form as well as the Photo Image Release Form. The FOC will then scan these in to the patient’s documents in their patient management software.

The new patient paperwork consists of the following:

- General Patient Information & Medical History- OrthoFi
- HIPAA Acknowledgement and Signature Form
- Photo Image Release Form

**The Ideal Orthodontic Consult & 8 Step Process:**

**Ideal Orthodontic Consult**

The initial visit is consistent with the practice’s schedule and is the first time a new patient comes in for an orthodontic consultation. Each Ortho Treatment Coordinator is encouraged to provide a quick office tour and introduce any team members if possible.

- The Ortho Treatment Coordinator will greet and bring back the patient and parent/guardian to the consultation room while maintaining a positive demeanor making the family feel appreciated and welcome.
- The Ortho Treatment Coordinator will explain what to expect during the appointment and gather information that is useful in the examination. They will then take records for the visit including intraoral photos, ceph & pan. If the patient has all their adult teeth or it seems highly likely they will be ready to start early treatment, a digital scan should also be taken. These records should be displayed on a TV or monitor the patient can see prior to the TC excusing themselves to get the Orthodontist.
- The Treatment Coordinator will excuse themselves from the room to get the Orthodontist and will inform the Orthodontist of the family’s chief complaints, health concerns, and general mood of the guardian starting treatment today, referral source information, the date of their last cleaning and provide any sibling information if applicable.
- The Orthodontist will come in and meet the family; review all of the above information and proceed with the initial exam. The exam includes the Orthodontist’s diagnosis of...
the patient’s oral and maxillofacial anatomy including occlusion, TMJ, overbite, overjet, airway, sleeping habits etc. The Treatment Coordinator records the patient’s diagnosis inside their patient chart.

- The Orthodontist will review with the family their findings from the exam and communicate exactly what treatment plan is recommended as well as what will be done at the next appointment if the braces are not placed the same day. This should be kept brief so the doctor can be excused to see other patients and the Treatment Coordinator can present the treatment plan in more detail. The Orthodontist should always handoff the patient to the TC by building confidence in the TC to the patient. For example “I’m going to turn you over to my treatment coordinator Jessica so she can review all the details with you. She’s an expert at this!”

- The TC will then present the treatment plan in detail—showing appliances to the patient and allowing them to touch them, ask questions and get comfortable with the plan. The treatment presentation should always include the following:
  - **Appliances—Braces, expander, etc.**
    - Use the patient’s photos, x-rays, sample appliances, typodonts, office photo book and other treatment related tools in the office to show the patient/parent.
    - Physically handing them something that they can hold or see in their own hands is important for them to emotionally connect to their treatment needs.
  - **Length of treatment**
  - **Reason treatment is so important and how this will address the patients main concerns**
  - **Always finish the treatment presentation by asking if they have any more questions about the treatment.**

- Once the patient confirms they have no more questions regarding the treatment, the TC should present the financials using OrthoFi and the office Chromebook. The best way to do this is to fill in the treatment information to populate the patient’s fees while the doctor is discussing the treatment so that you have this ready to present to them when this portion of the exam arrives. Whenever possible, it is ideal to start treatment the same day. Once a patient leaves the office, the likelihood of them starting significantly drops.

- For starting treatment, the TC is responsible for getting the informed consent form signed by the guardian as well as the financial agreement and payment in OrthoFi. If the patient does not start that day, schedule the next appointment and provide the family with the new patient welcome folder. Let the patient know you will be following up with them and give a date or time frame, then schedule this follow up in OrthoFi.

  “I completely understand you need to speak with your husband first Mrs. Jones. Is it ok if I follow up with you on ____ to see if you have any new questions?”
Following the patient leaving, the TC should verify all chart notes and documents for the patient have been completed, any referral, extraction or doctor letters have been given to the Orthodontist to review and sign and that the patient’s status has been changed. In OrthoFi, verify the status has been changed, any notes are added and the follow up has been set or the next appointment added if the patient is a recall/obs.

- Same Day Start- status will be change to the corresponding active treatment status in both OrthoFi and the patient software system
- Scheduled Start- Patient will remain pending or as a scheduled start until the actually begin treatment. Keep in mind that in OrthoFi, they will be considered a start once the financial contract and down payment have been made; however, they must still complete the informed consent before starting.
- Pending/ Will Call Back- the TC will schedule a follow up call with the patient in OrthoFi as noted above and will follow up with the patient on that date.
- Recall/Obs- patient will be scheduled in clinic for regular monitoring appointments until the Orthodontist says they are dentally ready to begin treatment. At that time, they will be scheduled as Obs READY for an appointment with the TC. All obs appointments should be documented in OrthoFi and the patient software system even if they are seen in the clinic.
- No Tx Recommended/ Tx Refused- if the Orthodontist does not recommend treatment or the patient verbally says they do not want to pursue treatment with the office, this should be documented in the chart and they should be made inactive in the system.

**Initial Visit Documentation**

- Proper documentation during the initial exam would include the questions from the Examination, Diagnosis and Treatment Plan within the practice management software as well as in OrthoFi.
- Utilizing the new patient paperwork, update all patient information in the practice management software. (spelling of name, email address and referral source)
- Document any future treatment. (future extractions, exposures, etc.)

**New Patient Welcome Packet**

D4CDB likes to provide the patients with a standardized new patient welcome folder at every initial visit/consult appointment regardless if they start treatment. The information inside the folder provides every parent with all related information about starting treatment in the offices we support. These folders are pre-made and are located at every Ortho TC desk in all of the offices for quick and efficient hand out. If the patient starts treatment with same day care, they should provide a copy of all paperwork signed. OrthoFi financial contracts can be printed if requested but are always emailed immediately to the patient upon signing.

**Contents of New Packet Folder**

<table>
<thead>
<tr>
<th>Contents of the pocket folder on left side</th>
<th>2. TC business card</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Doctor bio</td>
<td>3. Refer a friend card if applicable</td>
</tr>
</tbody>
</table>

**PATIENT** | **PEOPLE** | **PROVIDER** | **PROCESS** | **PERFORMANCE**
4. Pedo New Patient special promo card if applicable
5. Office specific approved documents

Contents of the pocket folder on right side:
1. Welcome letter
2. Scheduling
3. Emergencies
4. Appliance specific documents for their treatment

Contents added at Initial Visit:
1. Copy of panorex and ceph
2. Photos if applicable
3. School excuse
4. Informed Consent
5. Any other company approved forms specific to treatment
   a. Treatment specific handout- wearing braces, Invisalign, etc.
   b. Eating with braces and appliances
6. OrthoFi will email financial information so patient can utilize the slider tool at home. If they have started same day, the completed contract will be emailed to them or the TC can print it for them as well if they prefer.

Estimating Treatment Fees
The Orthodontist will provide the type of treatment and the length of treatment time to the patient/parent.
- Each TC should work with their Orthodontist to create an outline of their most common treatment plans
- Fees are preloaded in OrthoFi based on the treatment proposed
- Discounts, adjustments and any changes to the fees should be approved by your practice manager prior to presenting fees to the patient

OrthoFi
OrthoFi is a software management company that provides digital forms, contract, financial and collection support to D4C. Patient’s progress through their lifecycle will be tracked in OrthoFi from the time they are entered into the practice management software until they have paid for their treatment in its entirety. OrthoFi does not hold clinical information such as chart notes, records, etc. and is not a replacement for your practice management software. OrthoFi will do the following, but will still require partnership within offices to ensure the process is a smooth experience for every patient:
- Email and Text New Patients and Recall Patients their pre-appointment paperwork to complete
- Verify Insurance for patients
- Present Financials for the Financial presentation of the consult
  - This includes a soft credit check to determine payment options as well as a slider tool for patients to utilize
- Provide the digital contract to be signed and house all payments for the patient
- Provide collection services for all monthly payments and overdue payments
- File insurance claims and receive payments
- Provide Follow-up tracking and documentation for Pending and Recall patients
- Provide reporting and data analysis on New Patients, Recall, the TC process and more

*OrthoFi is predominantly a one way information transfer system. While some information entered into practice management systems will automatically update to OrthoFi, information entered into OrthoFi WILL NOT update into the practice management system. The one exception to this is Dolphin which does have some integration.

Please find all OrthoFi Training material here: OrthoFi Training Material

Contracts
Contracts will be completed in two ways:
- Digital financial contract & payment in OrthoFi
- Informed Consent signed in office and scanned into practice management software
- Both must be completed to start a patient and are equally important.

Disclosure Document
Service Contract

Financial Policy
Payments are all made through OrthoFi once a patient starts treatment. Payment plans, auto draft, credit card information is required during the initial contract start appointment. Changes to payment types, paying off portions, changing draft dates, etc. will all be completed in OrthoFi.

OrthoFi is not a bank so decisions regarding the refund of a patient, discrepancies, etc. will be determined by the PM or RDO. While OrthoFi will contact patients as part of the collections policy, it is still to our benefit to reach out to patients with declined cards when they come in for appointments. The FOC will be in charge of updating a list of daily patients coming in who we need to ask for updated payment information.

Patient Ledger

Locum Parentis (Legal Responsibility)
- D4CDB policy requires that the patient’s legal guardian sign all original Medical Histories, consent forms and all compromise forms. The person who is responsible for the finances does not have to be the legal guardian and can sign the Orthodontic treatment agreement, but the legal guardian has to be the one consenting to treatment.

Types of Payment Accepted
We accept several forms of payment through OrthoFi. Parents or Legal guardians are able to pay with cash, checks, credit cards (including flexible spending accounts), and Care Credit.
Add a Payment Method

Credit Cards
We accept **most major credit cards**. The provided credit card can be used to post a balance right away.

Financing
We offer financing through an outside source to those who cannot pay the balance in full. A parent or legal guardian can apply for Care Credit. Check with the Practice Manager for details. When accepting Care Credit, please go through each of the necessary steps to post this form of payment. Care Credit does provide a web-based training for locations as requested and needed. Even when using Care Credit, you will need to post this in the patients OrthoFi account as well as through their website payment portal.

Cash
Cash payments will be posted in OrthoFi to the patients account and then the cash will be given to the PM to deposit along with checks and the EOD paperwork.

Check
The Parent or Legal Guardian may pay their out of pocket with a check made payable to the office. The check should be dated for the current date of service and posted that day. Hold checks are not accepted. Write the patient’s account number on the check as a reference. Checks will be posted in OrthoFi and then given to the PM to deposit along with cash and the EOD paperwork.

Locum Parentis (Legal Responsibility)
- D4CDB policy requires that the patient’s legal guardian sign all original Medical Histories, OrthoFi Financial Contract, Consent Forms and all compromise forms. The person who is responsible for the finances does not have to be the legal guardian; but the legal guardian has to be the one consenting to treatment.

OrthoFi 180 day collections protocol: [Collections Protocol]

Referring Doctor Follow-Up Letter & Documentation
Letters and communication between outside doctors and our practices are important not only for the smoothest treatment experience for the patient, but also for building relationships with the dental community at large and creating strong lasting referral sources. Generate the proposed treatment findings letter to the referring dentist and have the Orthodontist sign the letter, scan the signed letter into the practice management software, send the letter to the referring Dentist or walk the letter over to the pedo office. Treatment plans alternatively can be copied and pasted into the dental software program.
- Generate any other applicable treatment letter to other specialists such as Periodontist, Oral Surgeon, and Dentist for prophy and/or TMJ Specialist.
- Ensure the patient treatment status is changed upon check out to scheduled, pending ready, recall, declined or reject treatment or no treatment needed.
- Scan in all related documents into the practice management software.

Practice Strategies
After the initial visit, patients are no longer considered new. If they do not start Orthodontic treatment they are marked with specific statuses for recall.

Throughout the Day
- In OrthoFi
  - Confirmation Calls
    - 2-3 days prior to each New Patient, Scheduled Start/Banding & Obs READY exams
    - Check OrthoFi Dashboard so that you can remind patients to complete paperwork if they have not yet, update any insurance information if showing “orange” or double check “grey” insurance and ask parents again to verify they do not have any insurance
  - Patient Follow Ups Filter (Pending Patients)
    - Check Daily to contact any follow ups for that day (use the below pending schedule strategy for scheduling next follow ups)
    - When time allows, assist FOC with Start at Home Filter, Needs Attention Filter, Insurance Filter, & New Patient Creation & Rescheduling (See FOC section of manual- Throughout the Day section)
  - Weekly- Pull report in OrthoFi for any Obs READY status and follow up to try to schedule any without appointments
- Ensure all Exams are completed, patient status updated, all records and chart notes completed and any referral or doctor letters are sent
- Ensure all start codes and documentation are in practice management software and match the total starts for the day in OrthoFi

Scheduled Starts
- Scheduled start appointments should be confirmed by the TC 2-3 days in advance of their appointment to ensure there are no new questions and the patient is ready to get started.
- If the scheduled appointment is long, such as a full bond appointment, it is recommended these be confirmed a week in advance so if the patient cancels or reschedules, there is time to refill this large time slot.
- The TC should ask if the patient has reviewed the contract in OrthoFi as well as signed the informed consent (in their NP folder they were sent home with) and if the patient has any questions. This allows for the appointment to flow much smoother and on time day of by eliminating any issues or lengthy discussions ahead of time.
Any time possible, encourage the patient to go ahead and complete their financial agreement and payments via their OrthoFi account prior to the appointment date.

Observation/Recall
Work with the Front Office Coordinator to ensure recall patients are contacted and accounts are notated. These patient recalls need to be worked daily, weekly, monthly and in any down time so that we are following up with patients that have already been in and may now be ready to start treatment.

- Obs/Recall- Patients are a little too young to get started (waiting on eruption, growth and guidance, rejected Phase1 and waiting on comprehensive treatment)
- The FOC is responsible for calling all obs/recall patients that left the office without an appointment. The FOC should follow the below schedule for reaching out to these patients:
  - Weekly- Pull report in practice management software of any recall patients from the previous week who did not schedule- reach out to try to get to schedule
  - Monthly- Pull report in practice management software for current and following month patients who are due for a recall appointment- reach out to try to schedule
- The TC is responsible for following up with those patients who are Recall/Obs READY- i.e. the Orthodontist has noted they will be ready to start treatment at their next visit
  - Weekly- Pull report in OrthoFi for any Obs READY status and follow up to try to schedule any without appointments

Pending Ready Patients or Will Call Backs
These are patients that completed an initial visit and were ready for treatment but did not make a future appointment. The follow up of these patients is the primary responsibility of the Treatment Coordinator. However, the Front Office Coordinator will need to be able assist the treatment coordinator when the patient calls back to schedule. Responsibilities include removing the recall status if responsible party does not want to proceed, informing the treatment coordinator and notating the chart. Each morning the TC should log into OrthoFi and check their Follow Up tab for the day. Patients scheduled for that day are contacted through the process below. All should be completed and documented in OrthoFi. Notes of phone calls placed are documented in the Practice Management Software. Process for both recall and pending ready/will call back patients:

- 1st Attempt via phone call within a week of the consult - If no answer, leave message and notate in the patients chart
- 2nd Attempt via email 2 weeks after initial call
- 3rd Attempt via phone call 1 month after initial consult- If no answer, leave message, and notate in OrthoFi and then change the status to REJECT TX and remove recall EXCEPT for Pending Phase II recalls.
If the patient answers and is not ready - always offer to follow up at a given future time and ask if that’s ok “I completely understand, I’d be happy to check back in with you in 3 months and just see how things are going. Would that be ok?”

If the patient has pending treatment or consults at other providers that needs to be completed prior to starting - continue to check in at regular intervals unless the patient says they will not be proceeding.

*In the case that the recall patient is very young the TC could always move recall date out 6 months and then reach out to the responsible party when the patient may be at a better age to start treatment*

*Always schedule next follow up in OrthoFi so you do not lose track of the patient!*

Recall/Observation/Growth & Guidance

End of Day

End of Day Summary

The TC will work with the FOC to complete the End of Day document to submit on the H drive. In some offices this is the responsibility of the Practice Manager; however, in all cases, The PM should check the end of day document for accuracy before it is placed on the H drive. Discuss with your PM the sections each department is responsible for completing.

Start Goals & Contract Value Tracking

It is important for the TC to track new patient conversions, starts, monthly contract value and recalls. This data is immensely valuable to the practice but uniquely valuable to the TC in helping to evaluate areas of improvement and opportunity. Every TC should be able to give their conversion rate when asked as well as know where they are towards their monthly goals. Many of these are discussed at huddle and during monthly meetings.

Gaidge

- Gaidge provides a wide array of charts and reports that allow you to easily spot trends, identify efforts that are being successful and areas of concern in the practices we
support. The Gaidge dashboard highlights key performance indicators and provides charts that offer a quick snapshot of the practice performance each month.

- Please login to Gaidge daily [https://www.gaidge.com/](https://www.gaidge.com/) and/or download the Gaidge app on your phone to verify your starts are correct, and notify the Practice Manager for any discrepancies.

**Start Goal**

Each month, a start goal is provided to the practices. This number is based on a number of factors to insure the growth needed for the practice. It is a simple way for the whole team to understand practice growth month to month. The TC should closely track these to ensure they meet the goal before the end of the month. The start goal is achieved when the practice reaches *net contract starts* based on the following:

**Contract Start**

- Where a contract has been signed with the intention to start either same day or at a future scheduled date.
- Where a patient receiving treatment has met the following criteria:
  - Treatment totaling more than $1000
  - Contract signed: Financial portion in OrthoFi AND informed consent scanned into practice management software
  - Down payment made
  - Records completed

**Appliance Placement Start**

- Where banding or appliances have been placed; separators do not apply.
- Where banding or appliance placement occurs within 90 days of the contract start.
- If banding or appliance placement occurs outside of the 90 days, those contracts are removed from the current month’s contract starts.
- Current month’s contract starts – non-appliance placement starts = Net Contract Starts

**Total Monthly Contract Value Goal**

Not all starts are created equal. Certain treatment types are more expensive than others. For instance, a practice with 40 starts that are all phase 1 (average cost $4000) is very different than 40 starts that are all comprehensive (average cost $6000). This is why we also have a contract value goal so we can track the value of each contract and be aware of the number of discounts we give so we still meet needed monthly financial goals. The TC and PM should track the contract value and compare to the goal to ensure they are meeting the target.

**Contract Value is defined as:**

\[
\text{(Total cost of treatment for a patient)} - \text{(all discounts and courtesies)} = \text{contract value}
\]

Discounts include deductions for contracted insurance rates, any patient courtesies, pay in full courtesies, etc. It does NOT include any portion insurance will pay. A simple way to look at it is as the amount we actually plan to collect from the patient and insurance for their treatment.
Section VII – Clinical Lead
THE ROLE OF THE ORTHODONTIC CLINICAL LEAD

The Orthodontic Clinical Lead is responsible for the day-to-day functions and management of the Orthodontic Assistants. As an Orthodontic Clinical Lead, you will perform the duties of the Orthodontic Assistant at D4C Dental Brands, Inc., but will also have additional responsibilities and must possess strong talents in leadership and organization as this role is the direct lead to the clinical staff. Cross training is essential in this role, and you must have enough knowledge and experience in the orthodontic field to be able to answer questions and guide staff to make the appropriate decisions in the day to day operations.

GENERAL REQUIREMENTS OF THE ORTHODONTIC LEAD ASSISTANT

- The Orthodontic Clinical Lead should be able to successfully manage others by delegating duties and tasks when needed to achieve direction, organize the flow in the clinical area ensuring that it is operating efficiently and the expectations and needs of all patients are met. The Orthodontic Clinical Lead must have the ability to exercise a high degree of independent decision making with sound judgment and with little supervision.
- The Orthodontic Clinical Lead must demonstrate confidence and professionalism by showing a sincere interest in leading the clinical team and inspiring others. He or she is expected to lead and mentor the clinical team by identifying their strengths and weaknesses and coaching them to help better develop the team as a whole. They will help continue to assist in any training of each team member and create a productive work environment for all employees on a daily basis.
- Partner with the Regional Director of Operations in regards to discipline and participate in the clinical employee performance reviews.
- The Orthodontic Clinical Lead will maintain upkeep of the clinic, storage, inventory, materials and product maintenance. They are responsible for the ordering of supplies and reviewing the daily inventory, to ensure proper inventory levels according to the office need and budget. Supply orders will be placed by the first of the month.
- Responsible for holding staff to the highest integrity by adhering to all government regulations and company standards.
- The Orthodontic Clinical Lead will delegate or serve as the Clinical Compliance Coordinator. He or she will ensure that the team members adhere to the safety and infection control regulations and enforce them within the office. They will oversee sterilization as part of the compliance within the office and will contact the Company's compliance representative or Orthodontic Manager of any violations or infractions pertaining to any area of the office.
○ Responsible for the operational readiness, appearance and presentation of the team and work environment.
○ Responsible for understanding the treatment time line and any remaining balance on patient accounts and partnering with the Doctor before discussing or removing braces.
○ Responsible for being the Orthodontic Treatment Coordinator’s back up when consults are running behind and ensuring the New Patient visit is a seamless process.
○ Supporting the Orthodontic Front Office Coordinator when New Patient’s come in to sign contracts and start treatment.
○ The Orthodontic Clinical Lead will carry their title when traveling from location to location and will be held accountable for carrying out these responsibilities if in another office when the assigned Orthodontic Clinical Lead is not present.
○ Responsible for ownership of the schedule and staffing to accommodate patient flow.
○ Learn and comply with D4C Dental Brands Inc. administrative procedures and follow policies listed in the employee manual to ensure consistent standards.
○ Maintain patient confidentiality through HIPAA compliance. Ensure any release of patient information is done according to the Company guidelines.
○ Attend and participate in all office meetings, continuing education events and morning huddles.
○ Understand how to work effectively within the office, partnering with the Practice Manager, Treatment Coordinator, Front Desk Coordinator, Doctor(s), and other staff to maintain consistency and integrity within the Company.

Office Policies and Protocols

Daily Huddle

Our day begins or ends with a team huddle. This is a time when goals and values are discussed and reviewed amongst the team, Practice Manager, and Orthodontist. The Clinical Team is directly responsible for reporting on any clinical items that may impact the day. The doctor and PM in coordination with their RDO will outline the huddle that best suits the office’s needs but should include:

○ Start Goal progress
○ Scheduling issues for the day
○ Patients of note- best practice is for clinic members to each be in charge of reviewing a column and presenting any information of importance for those patients
○ Opportunities
○ Schedule openings and upcoming schedule roadblocks such (for example how many weeks out a holiday break is so the Orthodontist knows what weeks to avoid when recommending when a patient returns
○ Team & company updates
Special Orthodontic Cleanings
- The Doctor Quality Care Team recommends a 3-month cleaning while patients are in braces to help prevent any oral hygiene issues.

Materials and Procedures
- We utilize the highest quality and most advanced materials available for children’s dental care. Our x-ray technique and procedures are all designed to minimize exposure. Lead aprons with a thyroid collar should always be used when appropriate. Radiographs are only taken when diagnostically appropriate.

Sterilization
- We adhere to the highest standards and methods of sterilization procedures. This is for the protection of the patients and our staff’s health.

Emergency Care
- We pride ourselves on being available 7 days a week, 24 hours a day for emergency phone calls.

Compliance
- D4CDB utilizes a third party independent firm, Ethics Point, for compliance. This is a confidential, easy-to-use, and always available hotline you can call to express any compliance concerns, ask questions, and offer details. Ethics Point (844) 815-8229

Radiographs
- All X-rays should be taken by the assistant throughout the patients’ treatment at the recommendation of the Orthodontist. A panorex is taken at the new patient exam or a recent one is obtained from the primary dental provider. After the initial exam appointment, the panorex is recommended to be taken every six to twelve months or yearly as determined by the Orthodontist and depending on the patient’s needs.

When to speak to the Parents of the patients
- Speak with parents at each visit if possible to address questions or concerns. Each patient should be walked out to the responsible party/parent and the procedures and treatment progress should be explained to the responsible party/parent as well as what to expect at the next visit.

Positive Reinforcement
- We always recommend positive reinforcement to stop an active thumb or finger habit. Mavala, a bitter fingernail polish and/or a thumb/finger guard are recommended to help stop the habit prior to offering a habit appliance.
Charting

- Good charting notes are crucial in a quality orthodontic practice. Notes should be charted by the orthodontic assistant at every visit and should include the following:
  9. Who accompanied the child
  10. Daily treatment notes
  11. Next visit notes
  12. Procedure codes of daily treatment activities
  13. Arch wire sizes
  14. A hygiene score – please review OHI and suggest aids
  15. Elastic geometry and sizes
  16. Future treatment notes should be included with each patient visit

*Please include in your notes any pertinent conversations you have with patients/parents or concerns addressed. Please remember if it is not documented, it did not happen.

- Procedure codes in our patient software are a way in which we document clinical appointments along with chart notes. They allow us to track a patient’s progress, assess issues and continue to develop the best patient care. It is very important that before checking out any patient, the procedure codes are checked for accuracy as items may have been completed that differ from the originally scheduled appointment.

Company Policy with Parents

- Parents are allowed to come back in the clinic with their child and be involved with their treatment. Parents should be asked at each visit if they have any questions or concerns about the orthodontic treatment of their child. Do not wait until the end of treatment to uncover a problem that could have been addressed early on in the treatment.

Estimated Completion Date Communication

- If problems arise due to patient cooperation, set up an appointment to review the case with the parent/patient.
- The Orthodontic Assistant is required to watch the estimated completion date. If the treatment is lasting longer than the original estimated completion date, talk to the Orthodontist to evaluate how much longer the patient will be in braces and if there will be additional charges for extended treatment.
- It is recommended that the Orthodontist inform the patient at periodic intervals when the braces are planned to be removed by confirming the brace removal date. Remind the patient that this is an estimate and a progress panorex can be taken to help determine treatment completion date.

Extraction of Teeth

- We encourage the Orthodontist and Ortho Treatment Coordinator to refer within the D4CDB group to schedule extractions and other services that D4CDB provides.
Referrals are documented in the patient's chart under the referred out section and in the chart notes of the patient account.

Hygiene concerns

Hygiene concerns should be discussed immediately with the patient and the Orthodontist. Please bring the parent into the conversation on your findings and document the discussion. Some Orthodontist's will recommend to stop treatment if the oral hygiene is poor and restart treatment when improvement is seen or deband the patient if there is no improvement. This decision is at the sole discretion of the treating Orthodontist and their concern for the health of the patient.

Loose Brackets / Excessive Breakage

- We do not charge for broken brackets, unless bracket loss becomes excessive. Discuss the need to improve and to finish on time to reach your goals for the patient.
- Assistants should discuss and document conversations, and replace any broken brackets if possible. Always replace any missing anterior brackets the same day. Assistants should inform the Orthodontist and Orthodontic Front Office Coordinator if any charges should be discussed with the responsible party/parent regarding any excessive breakage of appliances, brackets, wires, hardware, etc.

PROCEDURES FOR SEATING PATIENTS

One of your most important responsibilities as an assistant is to make patients and parents feel good about themselves and orthodontic treatment. To develop these positive attitudes it is necessary for you to use effective verbal and nonverbal communication skills. By using encouraging and reassuring words when speaking, patients and parents are shown they are valued. See below steps describing procedures for seating patients in the orthodontic office:

1. Open the patient’s chart.
2. Review chart for treatment history as well as plans for future treatment.
3. Call the patient by name and last name. Ensure to address your patient properly, such as “Larry Jones or Jane Smith.”
4. Seat the patient and verify date of birth as documented on the chart.
5. Wash your hands and put on required PPE.
6. Retrieve the proper instruments and set up for all treatment, including future treatment.
7. Ask the patient if anything has broken or come loose; take notes on the patient’s response.
8. Remove the elastics and arch wires from the proper arch if anything has broken or come loose.
10. Inform the doctor of the patient’s name and that the patient is ready to be checked in.
a. If the doctor is available for a Patient Check-in, remain with the doctor and patient so that you can be available to take notes, pass instruments, etc. Do anything necessary to make the appointment flow smoothly.
b. If the doctor is unavailable for a Patient Check-in, inform the patient that you are going to retrieve the brackets, band, appliance, etc. so that the set-up is ready when the doctor becomes available.

*This is a good time to try the fit of a new appliance or to prepare to re-bond or re-cement any loose brackets or bands. Do not proceed until the doctor is able to check and determine whether the appliance has served its purpose or needs to be re-cemented.

11. Document the treatment in the patient’s chart, and review the treatment to be done in the future. Take a final look in the patient’s mouth to determine the treatment materials that will be needed.
12. Explain to the patient what treatment is going to be administered before beginning your work.
13. After administering treatment, review the patient chart and look into the patient’s mouth to ensure that the treatment has been completed and has been completed correctly.
14. Ask the patient if everything is comfortable; determine that no wires are poking anywhere. Have patient check with finger.
15. If any appliances are included, such as an expander or retainer, explain the necessary steps to the patient and parent and include any available literature on the appliance itself.
16. Always escort your patient out of treatment area and discuss treatment with parent

ORTHODONTIC PROCEDURES
A. Basic Orthodontic Adjustment

PROCEDURE: **Bracket Placement (bonding)**

*Instruments Needed: Prophy Cup, Pumice, cotton rolls, isolation system as desired, dental explorer, etching solution, applicator tip, adhesive, composite, brackets, curing light, and PPE*

Steps of Procedure:
- Prophy the enamel surfaces to be bonded with plain pumice. Do not use prophy pastes which contain oil or fluoride. Rinse thoroughly and dry teeth with oil and moisture-free compressed air. Do NOT allow patient to rinse.
- Isolate the cleaned teeth. A clean, dry surface is desirable for a good etch.
- Dispense 1 to 2 drops of etching solution on to the dispensing pad. Use a cotton pledge or brush and apply etching solution with a dabbing motion to the cleaned teeth to be bonded. Do not rub, as rubbing breaks the exposed enamel rods, which will result in a weak bond. Continuous application of etching solution for 30 seconds will provide the most desirable etch.
- Rinse thoroughly with water (5 seconds each tooth). At this point, do not allow patient to rinse or contaminate the enamel surface. Re-isolate and dry tooth thoroughly. The etched area should appear frosty white. Etched enamel must not be contaminated by saliva. If contamination does occur, re-etch for 15 seconds, dry and re-isolate.
- Apply a thin coat of primer to each etched, dry tooth in the area to which the bracket is to be bonded. This brush may be used for all teeth of a single patient, provided it is NOT contaminated with saliva or adhesive paste.
- Mash paste into mesh on bracket pad, then butter small amount onto pad to ensure small amount of flash is around bracket edges (after doctor does final placement, please remove excess flash before light curing).
- Place bracket on tooth in desired position. Doctor to check and adjust as needed
- Light cure each tooth 10 seconds from incisal or occlusal edge and 10 seconds each mesial and distal sides.

PROCEDURE: Insert, Tie-in and Clip an Archwire

Instruments Needed: The Patient’s Study Models, Pin & Ligature Cutter or Birdbeak Pliers with Built-in Cutter, Distal End Cutter, Archwire, and personal protective equipment

Steps of Procedure:

- While training as a clinical orthodontic assistant, the best way to gauge the desired length of the Archwire you are replacing is to measure it on the study models. In a short time, you should be able to gauge the size by sight. This will come with time and experience.
- Place the archwire on the model and visualize where the end of the wire should be. If no loops or bends are going to be added to the wire, give yourself approximately 1/4 to 1/2 inch of excess on both sides of the wire beyond the bracket on the molar band. If the second molars are banded, allow less because the gum tissue is usually very close to the bracket and there is very little room behind the bracket to cut the excess.
- Cut the wire to size on both sides with the distal end cutter or the bird beak cutter, making sure the midline of the archwire remains in the center of the arch. Slide the wire into the slot on the molar band on the left and then on the right. Keeping the midline of the wire in the center, continue to slide the wire in until it is engaged in the slots in the brackets. Cut any excess wire in the back distal to the molars with a distal end cutter. This cutter allows you to cut the wire in the back of the mouth behind the molar bands and is designed to hold the piece of wire that is cut off. This prevents the wire from being cut and released into the mouth.
- The wire is now ready to be tied with elastics, ligature tie wires, or self-ligating brackets are ready to be closed.
PROCEDURE: **Remove Ligatures**

**Instruments Needed:** Pin & Ligature Cutter and personal protective equipment

Steps of Procedure:
- To remove elastic modules “elastics,” hold the scaler in a similar way to how you hold a pencil. Place the tip of the scaler under the elastic and gently pry it off the bracket pointing the scaler toward the occlusal (biting) edge of the tooth, not toward the gingival (gum).
- This is a relatively easy procedure but if the scaler should slip off of the elastic, you could accidentally poke the patient. To avoid this, take special care to keep the scaler pointing away from the gum and keep the index finger of your other hand, shielding the area if front of the scaler.
- To replace the elastic modules, first allow the patient choose what color/colors they want.
- Grab each module one at a time with the hemostat or Mathieu pliers. Use the hemostat or pliers to stretch the elastic module around the bracket by hooking it around one wing of the bracket and then around the other three wings. Continue this method on all brackets around both arches until all ties are replaced.

PROCEDURE: **Remove and Replace Elastic Chain**

**Instruments Needed:** Scaler, Elastic Chain, Pin & Ligature Cutter or Sterile Scissors, and personal protective equipment

Steps of Procedure:
- Ask the patient to choose what color chain they would like and cut a length of that chain with the scissor or cutter before you continue with the removal of the chain that is currently on their braces.
- The procedure to remove the chain is similar to removing an elastic ligature. Use the tip of the scaler to gently pry the chain away from the hook or wing of the band or bracket that is farthest away from the midline. Keeping an even tension on the chain, use the scaler in an up and down pattern around the arch and continue to release the chain from the brackets until it is completely off the last bracket to which it is attached.
- Be especially careful not to accidentally poke the patient in the gingival (gum tissue) or lip while removing the chain. If you pull too tightly on the chain, the tip of the scaler could cut through the chain while releasing it from the brackets. Remember, after the chain has been in the mouth for a period of time, the elastic strength is diminished and the elastic material is much more likely to break if pulled too tightly.
• After the chain is removed, have the patient brush their teeth. The chains are food catchers and this is an excellent opportunity to thoroughly brush.

• To replace the chain, be certain that you are clear about the chain pattern that the doctor has prescribed in the treatment plan for the adjustment. Do not ever assume that the chains will automatically be replaced in the same pattern that was used in the previous appointment. Also, when you remove the chains as described above, take note of the chain pattern that was used. Often times the same chain pattern will be prescribed and you must be observant while removing the chains if this is the case.

• Hook the first link of the chain on either the hook attachment on the band or bracket that is farthest from the midline (center). Keeping a firm tension on the chain, hook the chain to the remaining braces that are prescribed, moving link by link until the chain pattern is complete. Be sure to support the chain with index finger of the other hand applying the chain from tooth to tooth.

• Cut off any remaining links with a pin and ligature cutter or sterile scissors.

• Be certain to note how many weeks the doctor wishes to go between having the chains applied and the next appointment. Often the rotation will be more frequent when chains are being used to close spaces. The strength of the chain diminishes with time much as a rubber band would if it was stretched for an extended period of time. (Explain this to the patient. It is important that they understand what the purpose is for the chains and why they may be required to come more frequently for adjustment appointments.)

• Before dismissing the patient, inform them of any discomfort they may anticipate with the tension of the chains. If the chain is being used for space closure, mild to moderate soreness can be expected. If the patient is a child and a parent is with them, it is an excellent idea to escort the patient to the front desk and explain any anticipated discomfort they may expect.

PROCEDURE: Archwire Removal

Instruments Needed: Distal End Cutter, Bird Beak or Weingart, and PPE

Steps of Procedure:

• After the ligature wires or elastics are removed, place the distal end cutter between the last two braces on the lower left and cut the wire. Remove the remaining piece of wire with the distal end cutter or the bird beak. While holding the front of the wire with your other hand, clip the wire from ejecting out of the mouth.

• After both pieces are removed from the distal end of the bands, grab the wire in the front firmly with the distal end cutter or bird beak and remove it from the brackets. Repeat the same procedure on the upper arch. These wires should be disposed of in a Sharps Container.
After the wires are removed, have the patient to brush and floss their teeth.

PROCEDURE: **Debanding and Debonding**

*Instruments Needed: Band removing pliers, bracket removing pliers, scaler, distal end cutter, and PPE*

Steps of Procedure:
The clinical assistant’s techniques in debanding and debonding are very important. Since getting braces off is usually a very happy appointment for the patient, the assistant has the opportunity to share in this occasion. Your role however, has a very important technical aspect, as the procedures used for the proper removal of braces take a high level of skill and confidence.

- Before beginning any deband or debond procedure, be sure to have the patient checked by the doctor. At this time the doctor will confirm that the patient is ready for debanding and will also make the final decision on the type of retainers that will be used.
- Tell the patient that bands and brackets will be removed with special instruments just for this purpose. Explain that they will feel pressure on each tooth as the band or bracket is being removed. Assure that they may feel momentary discomfort and may hear the sound of the cement bond being released from the tooth. This should not alarm them.
- Place the air/water suction tips.

**Debanding Techniques**

- This procedure description assumes that the patient is wearing full braces (bands on the posterior and brackets on the anterior.) With a distal end cutter, clip the archwire between the last two posterior bands on the both the maxillary and mandibular arch.
- With a firm, quick action, squeeze the band removing pliers together on band and loosen the cement bond. Repeat the same technique on the lingual side of the band. This will often require a fair amount of strength. Take care not to rock the instrument back and forth. Keep the instrument as parallel as possible to the tooth and squeeze the instrument firmly.

**Note:** Never place the metal part of the debanding pliers on the enamel. This could scratch and damage the enamel. Be careful!

- Certain types of bands cement have extremely good bond strength. If a band has been recently cemented (within a few months) the bond may be very difficult to release. If you are having a difficult time with a band, skip the band and bring this to the doctor’s attention. The doctor may need to remove the band with a handpiece. Do not battle with one band for too long. This is uncomfortable for the patient.
• After the bands have been loosened, remove each section of bands and place on your bracket table. These are considered hazardous waste and should be properly disposed of in your Sharps Container.

• You may notice that the gum tissue around the bands may appear irritated and “flabby.” Let the patient know that the gum tissue will re-contour quickly with good oral hygiene. This is a normal condition, especially when the molar bands have been seated below the gum line.

• Use your water and air spray and your suction to flush and remove any loose cement particles from the mouth. There may also be a minimal amount of hemorrhage of the gingival tissue. Rinse the gum area thoroughly with water and suction. If this is the case, assure the patient that this is normal.

• Using the tip of a scaler, remove the remaining cement from the tooth. Any remaining cement will be removed with a handpiece by the doctor.

• Using the tip of a scaler, remove the remaining cement from the tooth. Any remaining cement will be removed with a handpiece by the doctor.

Debonding Techniques

• Although the brackets often come off much easier than the bands, certain precautions must be considered with certain styles of brackets such as ceramic (clear) brackets. Always follow the manufacturer’s recommendation for the proper debonding instrument to use with particular brackets. In some offices, only the doctor removes the ceramic brackets.

• In most circumstances, the following technique will be used to debond brackets. Using a bracket removing pliers, while supporting the tooth with the other hand, grasp the bracket snugly (trying not to distort the bracket.)

• With a quick action, twist the bracket gently until the bracket has been released. Sometimes the bonding adhesive comes off entirely on the bracket base; sometimes the bonding adhesive remains on the tooth, and other times some of the bonding adhesive is on both the bracket and the tooth.

• After all brackets have been released, remove the wire with the brackets still attached and place it on your bracket table. These are considered hazardous waste and should be disposed of in your Sharps Container.

• Have the patient brush and floss. Be sure to tell them that the cement and bonding adhesive will all be removed and not to think their teeth will feel “bumpy” when the procedure is complete.

• The doctor will now remove the remaining bonding adhesive with a handpiece. The teeth may then be polished with a rubber cup and prophy paste. Follow the guidelines of your
state regarding this procedure. The patient may want to brush and floss again after the teeth have been cleaned.

- The patient is now ready for impressions for retainers.

### B. Orthodontic Impressions

**PROCEDURE: Mixing Alginate and Taking Impressions**

**NOTE:** It is important that you make every effort to make the experience as positive as it can be for the patient. It is admittedly an unpleasant procedure for the patient so your personality and confidence will help the patient through impression taking. This is usually the first time the patient will have any procedure done inside their mouth in your office. Making them feel comfortable and getting the impression done right the first time is extremely important.

*Instruments Needed:* Alginate (powder), Spatula, Impression Bowls, Alginate Measuring Scoop, Alginate, Water Measuring Cup, Wax for Wax Bite Registration, and PPE.

**Steps of the Procedure:**

- Measure the powder into the bowls using the powder scoop. You will use two scoops for the lower impression and three scoops for the upper impression. This will give you a little extra mixture after mixing the upper impression for making the tongue space on the lower impression.
  - It is a good idea to let the patient brush their teeth before taking the impressions. This will remove any debris from the teeth that would detract from the detail of the impression and will also help dry the excess saliva in the mouth. Too much salvia can cause a distortion in the impression.
- Select the impression trays by looking in the mouth and estimating the size of the tray needed to include all of the teeth in the impression. While training, always trial fit the tray to ensure all of the teeth will be included.
- Explain to the patient that you will be taking a mold of their teeth with a soft material similar to mashed potatoes or marshmallow fluff. Explain that the material will start out soft and squishy but will set up like jello in a few seconds. Tell them you will take it out as soon as it is set up and show them the mold of their teeth. Assure them that you are not putting plaster in their mouth as many patients have this misconception. Tell them that impressions will be poured with plaster after they have left the office. After the plaster hardens in the impressions, the impressions will be removed and a plaster model that looks just like their mouth will be made. The patients usually react favorably to this. If you sound upbeat, they will usually respond in the same way.
- If your patient is a child, they may be apprehensive since many of their friends may have told them horror stories about impressions. Some adults may also be anxious about the
impressions. When you are trail fitting the trays, often times this will give you the heads up if the patient has a gag reflex. Most patients do not gag but on a rare occasion you may have a gagger that could panic and try to take the impression out of their mouth. DO NOT LET THEM PULL IT OUT. Do everything you can to keep the impression in their mouth.

- Note: Never say the word “GAG” in front of the patient. The power of suggestion is obvious. If the patient seems to have a gag reflex, let them hold an emesis basin (small pan or bowl) under their chin while you are taking the impressions and tell them that if they need to let the saliva drip into the pan, it’s perfectly ok.

- To mix the alginate, measure the water in the cup up to the level that applies to the amount of scoops of powder you are using on the water-measuring cup.
  - Very Important: The temperature of the water is directly related to the set up speed of the alginate mixture. The warmer the water, the faster the set up time. The colder the water, the slower the set up time. In the early stages of your training, make the water a little on the cold side to allow enough time for you to get a smooth, thoroughly mixed material.

- Add the water to the powder all at once. Begin mixing with the spatula. As in mixing a cake or brownie mix, first stir the powder and water until all powder is moistened. It will seem lumpy at first. Then pick up the bowl in the palm of your hand and mix firmly with the spatula. Keep turning the bowl with one hand while mixing with the other. Spread the mixture around in the bowl covering the bowl with the mixture. Gather it up on the spatula, wipe the mix off the spatula backing into the bowl and spatulate it again until the mixture is well mixed and smooth.

- Gather the mixture up on the spatula. Pick up the tray for the lower impression and fill it with alginate. Smooth out the mixture in the tray and with your index finger, press an indentation in the tray where the teeth will be, creating a sort of trough for the teeth to settle into.

- Ensure the patient is sitting upright in the chair. Stand in front and to the side of the patient and have them open wide. Place the tray in the mouth, seating the rear of the tray first then pressing down in the front, maintaining the center of the mouth in the center of the tray and firmly press down until you see the impression material come through the vent holes in the tray. Gently free the lower lip away from the tray. Keep a firm pressure on the tray and wipe the excess alginate away from the lower lip and tongue. Instruct the patient to lift their tongue up through the center of the tray: “Stick their tongue out”.
  - Note: Keep telling the patient they are doing great and that the mix will set up in just a few seconds. Assure them if they have saliva that drips out of their mouth it will drip on the napkin. Many patients are self-conscious about this so you want to reassure them.
As soon as the alginate feels dry to the touch, remove the tray with a firm snap and try not to rock the tray too much as this could distort the impression. As soon as the tray is out, hand the patient a tissue and ask them to wipe off their mouth. Show them the impression of their teeth. The Vaseline prevents the impression material from sticking to the lips.

Repeat the mixing directions as above for the upper impression. Fill the tray as above and make a trough in the alginate as above and ensure the mixture is forced up the sides of the tray. Keep most of the excess alginate toward the front of the tray. This will prevent too much mixture from coming out the back and resting on the soft palate, aggravating the gag reflex. If the palate is exceptionally deep, ensure enough alginate is in the center of the tray to reach up into the palate.

Stand behind the patient and have them open wide. Place the tray in the mouth and visually place the center of the tray in the same proximity to the midline of the upper arch. Lift firmly up on the tray holding it by the handle. You may find it easier to support the tray using the index fingers of both hands, one on each side of the tray. Have the patient breath through the nose and relax. Again, release the upper lip out from behind the tray and wipe the excess alginate.

As soon as the mixture feels dry to the touch, release the tray with a firm downward snap releasing the rear of the tray first and then the front. Hand the patient a tissue right away.

Soften the wax bite wafer under warm water and have the patient open and bite once or twice before you put the wax in their mouth so you can be certain they are giving you their correct bite. It helps if you ask them to bite on their back teeth. Have the patient bite firmly in the wax, have them open, and then remove the wax from their mouth. Tell them they are finished and ask them if they would like to rinse out and get a drink of water. If so, show them where they can rinse. Let them know if they have any impression material on their face and show them to a mirror so that they can freshen up before they exit to the reception room.

Remove your gloves, wash your hands and escort the patient to the reception room. If the patient is a child, tell the parent how well they did and how proud they should be of their child for being such a good patient.

Rinse the impressions with tap water, disinfect, and take to the lab for immediate pour up. If you cannot complete this process immediately, wrap the impressions in a wet paper towel to be poured as soon as possible. Clean up your work area.

PROCEDURE: Pouring and Impression for Study Models
**Instruments Needed:** Impressions of the teeth, Spatula, debubbler or Surfactant, Water, Plaster or orthodontic stone (powder), Impression Vibrator, rubber bowl or can for vacuum mix, Waxed Paper, Measuring cups for plaster and water, and PPE.

**Steps of Procedure:**

- Before pouring plaster into the impressions you will need to dry the excess water from the impression with an air syringe. Focus especially on the occlusal surfaces. This will help maintain the optimum detail of the tooth surfaces and the anatomy of the mouth. Remember, detail and accuracy are the keys to impressions and plaster study models.
- A debubbler or surfactant may be lightly sprayed onto the impression to aid in eliminating the possibility of bubbles in the plaster. Bubbles in the plaster will create holes in the model.
- Measure the plaster into a rubber bowl and slowly add water. The amount of plaster you need will vary depending upon whether you are pouring one or more impressions.
- Mix the water into the plaster with the spatula until it is a workable consistency. The optimum consistency could be described as very thick pancake batter. The object is to have the mixture to a flowable consistency but not so runny that you cannot control the amount of mix that flows into the impression.
- Turn on the vibrator and hold the plaster bowl firmly on the vibrator with one hand constantly stirring the mix with the spatula in the other hand. Hold the bowl on the vibrator and let the air bubbles come to the surface. This will help your mix to be denser and again, eliminate air bubbles in the model.
- Hold the tray on the vibrator and with either your hand or a spatula, pick up some plaster mix from the bowl and let it flow into the impression onto the occlusal surfaces. Roll the impression around on the vibrator and let any air bubbles come to the surface before you add any more plaster.
- Once the occlusal surfaces have been completely covered with plaster, continue to add plaster to the impression, filling it up and mounding it on top of the impression.
- Let the model dry completely before taking the impression off of the tray. This will take about 30 minutes.
- Ensure the back of the model is thoroughly built up with plaster mix. Do not leave a void around the molar area of the impression.
- Clean up the equipment by rinsing immediately with water. Wipe any surfaces that have wet plaster on them. Always clean up after yourself in the lab. The amount of mess created in the lab is much greater than in other areas in the office and is easier to maintain if each mess is cleaned up as soon as possible.
Let the stone set up about 45 minutes before separating the tray from the bases and the bases from the model. Do Not Rush This.

*Hint: The stone mix will go from room temperature, to very warm to the touch, to cool down during the set up time. This is due to the chemical change that is taking place in the plaster mix. Always wait until the model is completely cooled down before separating it.*

- After separating the trays from the model, clean the alginate impression material from the tray, disinfect, and put away accordingly.

### C. Other Orthodontic Procedures

**PROCEDURE: Placement of Elastic Separators**

**Instruments Needed:** Elastic separating pliers, floss, elastic separators, and PPE.

**Steps of Procedure:**
- Using the Elastic Separating Pliers for placement, select the large ring separators for the posterior teeth. Place between adjacent teeth molar to molar contacts.
- Place the separator on the beak of the pliers. Avoid squeezing the pliers too tightly, as the separators break easily.
- Identify the contact that is to be separated. Squeeze the pliers to stretch the elastic; gently force the elastic through the contact, as if it were a strand of dental floss.
- Remove the pliers after the separator is positioned below the contact area.
- The separator must completely surround the contact on all sides (facial, lingual, ocular, and gingival)
- If using floss, thread two pieces of floss through lumen of spacer. Hold each piece separately and pull apart from each other stretching spacer. Gently floss into desired position ensuring spacer is around contact point.
- Instruct patient and/or parent on care and expectations of spacers.

**PROCEDURE: Invisalign Impression Technique**

**Instruments Needed:** Perforated Disposable Impression Trays, Adhesive, Light Body Impression Material, VPS Putty, Timer, Impression Gun, Wax Bite, and PPE.

**Steps of Procedure:**
• Ensure that you have the right size tray for the patient's mouth. The tray should extend beyond the last tooth in the arch without touching the gum.
• When you're sure you have the right size trays for your patient’s mouth, apply adhesive to the trays (optional). This will help prevent the impression material from becoming unseated from the tray upon removal from the mouth.
• Mix the VPS putty. Set your timer for the working time of your material; then knead the two putties together until you get a mixture that has no streaks in it.
• When the putty is thoroughly mixed, roll the mixture up into a "sausage" and fit it into the tray.
• Making sure the tongue and lips are out of the way, press the tray firmly into the teeth. Set your timer for the intra-oral set time of your putty. Wait for the putty to set, then take the tray.
• Dispense the light body impression material to cover the occlusal surface of the entire arch.
• Insert the tray straight and evenly into mouth – avoid rotation. Set your timer for the intra-oral set time of your light body material, and keep pressure on the tray until the impression has set.
• The tray is removed with one quick snap motion.
• Rinse under cool running water and then disinfect with an intermediate-level disinfectant.
• Obtain a bite registration as described above (Alginate Impression Technique)

PROCEDURE: iTero Scanning Technique

Instruments Needed: iTero Intraoral Scanner, Disposable Sleeve, and PPE.
Refer to Charting & Records Section for a detailed picture of these steps

Steps of Procedure:

• Holding the Wand: For proper ergonomics and to avoid fatigue, ensure the elbows are close to the body, holding the wand in the thin area behind the wand sleeve. Do not cover the air vents.
  o NOTE: The iTero Element scanner offers Guidance Hints that helps recall the scanning sequence.
• Occlusal: Scan the occlusal surface in a single continuous motion. When the wand reaches the cuspid, continue by swiping across the anterior, tilting slightly to the lingual until the wand touches the contralateral cuspid. Proceed by moving the tip straight back to the terminal molar.
• Lingual: Scan the lingual by rolling from the occlusal. Bring the cable end of the wand out to the side and maintain a vertical 45 degree angle of the wand tip to the lingual surface. To capture the mesial and distal interproximal anatomy, twist the wand tip right and left as the wand moves around the arch. Holding the wand tip against the tooth will help to retract the tongue.

• Buccal: From the lingual, roll to the buccal at a 45 degree horizontal angle and use a rocking motion as the wand moves towards the midline to capture the interproximal anatomy. After crossing the midline, begin on the contralateral terminal tooth and continue with the same rocking motion to capture the buccal surface from the posterior to the anterior. Moving from posterior to anterior on the buccal reduces the interference from the cheek and provides a smoother scanning experience.
  ○ NOTE: Bring the cable end of the wand towards the arch to capture the mesial interproximal anatomy and taking the cable end away from the arch will capture the distal interproximal anatomy.

• Anterior/Incisal: Place the wand with the cuspid and lateral centered in the view finder and roll from the lingual surface over the incisal edge to the facial. Repeat this step on the contralateral side. These scans help to ensure the lingual segments and buccal segments are joined with accurate incisal surfaces. This step is critical for properly fitting Invisalign clear aligners.

• Scanning the Palate: Once completed the lingual tooth anatomy, begin at the midline directly behind the central incisors. Scan in a straight line to the soft palate. Fill in the palate from the midline to the teeth on each side.

• Bite: The final segment is the bite. Prior to scanning, confirm the patients bite. Have the patient open, use the wand to retract the cheek, and have patient close in centric occlusion. Bring the wand tip gently against the tooth anatomy.

PROCEDURE: **Removal of Elastic Separators**

*Instruments Needed:* Dental explorer and PPE.

*Steps of Procedure:*

• Using a standard explorer, engage the separator from the occlusal surface.
• Gently lift upward, pulling the separator out of the contact.

PROCEDURE: **Routine Appliance Check**
Instruments Needed: Orthodontic pliers as requested by the orthodontist and PPE.

Steps of Procedure:

- Bring the patient back to the chair and review the notes from the previous appointment. This will give you the information regarding what type of appliance the patient is wearing and the instructions that were given to them at the last appointment. This could include wearing time, and the care of the appliance.
- Ask the patient if they brought the appliance with them (if it is not in their mouth.) If they have the appliance with them, ask them to get it ready for the doctor to check.
- Check to see if they are having any problems with their appliance. Also ask them if they are wearing it for the prescribed duration of time that the doctor has requested. This information should be noted in the patient chart.
- The doctor will then check the patient and give them any information they need for the continued wear of the appliance.
- When the adjustment has been completed, it is your responsibility to follow-up with the dismissal of the patient. Offer to answer any questions they have regarding their appliance. Often times these appointments are done quickly in comparison to other adjustment appointments. Following the patient through this appointment is very important. This will avoid any confusion with the appointment coordinator.

Procedure Times

Ideal procedure times are shown on below table.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Total Assist. Chair Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change Elastics</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Insert Separators</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Remove Ligatures</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Put on Chains</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Change 1 archwire</td>
<td>15-30 minutes</td>
</tr>
<tr>
<td>Change 2 archwires</td>
<td>30-45 minutes</td>
</tr>
<tr>
<td>Full Records</td>
<td>30-45 minutes</td>
</tr>
<tr>
<td>Direct U/L Full Bond &amp; Banding</td>
<td>1.5-2 hours</td>
</tr>
<tr>
<td>Indirect U/L Full Bond &amp; Banding</td>
<td>1-1.5 hours</td>
</tr>
<tr>
<td>Impressions</td>
<td>15-30 minutes</td>
</tr>
<tr>
<td>Appliance Check</td>
<td>10-15 minutes</td>
</tr>
<tr>
<td>Arch Wire Check</td>
<td>15-30 minutes</td>
</tr>
<tr>
<td>Deband</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Retainer Check</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Band 7’s</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Bond 4-4</td>
<td>45 minutes</td>
</tr>
</tbody>
</table>
ORTHODONTIC COMPLIANCE WITH OSHA AND INFECTION CONTROL GUIDELINES

OSHA’s mission is to assure safe and healthful workplaces by setting and enforcing standards and by providing training, outreach, education and assistance. Employers must comply with all applicable OSHA standards.

Orthodontic Compliance
The Orthodontic Clinical Lead will be responsible for ensuring all of the following compliance duties are completed and logged appropriately. Instructions can be found on the compliance tab on the company’s intranet.

Daily Logs
- Suction evacuation system to be run with warm water and cleanser at the end of the day, log.
- Waterline Flushing, all lines/sinks flushed for 2 minutes at the start and end of each day, and all lines flushed for 30 seconds in between patients, then logged daily.
- Ultrasonic should be cleaned and emptied daily (no logging necessary)

Weekly Logs
- The eyewash station should be tested, inspected and flushed for 2 minutes and logged
- Spore testing for each sterilizer (autoclaves and dry heat), and log
- Foil test in ultrasonic to ensure workability, log
- Statim should be cleaned on the internal and external surfaces and logged
- Plaster trap and sharps container should be checked (no logging necessary)

Every 28 days
- Replace chemical sterilant (cold soak) and log if applicable

Monthly Logs
- Check fire extinguisher, sign and date tag.
- Check first aid kit supplies for availability and expiration dates and log
- Replace dental chair vacuum traps and log (Quarterly for 1-2 day only offices)
- Replace central vacuum filter and log, dispose in biohazard box (Quarterly for 1-2 only offices)
- Drain and clean autoclave and sign log (Quarterly for 1-2 day only offices)
- Complete iodine testing (DentaPure Filter) and log
- Check handpiece availability (high-speed, low-speed and out for repair) and log
- Replace sediment filter (as applicable) and log

**Biannually**
- Replaces cassette seal, air and biological (water) filter for the Statim autoclave and log
- Complete dental unit waterline shocking and water testing procedures

**Annually**
- Fire extinguishers need service
- Inspect lead aprons for damage/cracks and log
Section VII – Orthodontic Assistant
THE ROLE OF THE ORTHODONTIC ASSISTANT

Orthodontic assistants prepare the patients for their treatment and perform procedures under the direction of the orthodontist, ensuring that patients are well-informed about orthodontic procedures and braces aftercare. Unlike dental assistants who work beside the dentist, orthodontic assistants operate independently from the orthodontist (under supervision), performing their tasks before and after the examination.

The Orthodontic Assistant position requires the assistant to work closely with the Doctor. Each Doctor has his or her own method of performing orthodontic procedures and it is the Orthodontic Assistant’s responsibility to learn these methods and techniques and to be prepared. You, as the Orthodontic Assistant, need to be adequately prepared to stay one step ahead of the Doctor at all time. The Doctor needs to know that he or she can count on and trust the Orthodontic Assistant in completing the job responsibilities.

GENERAL REQUIREMENTS OF THE ORTHODONTIC ASSISTANT

- Deliver quality and compassionate care to every patient.
- Educate patients on oral healthcare of braces and their appliances.
- Assist Doctor with orthodontic treatment in accordance with the delegable duties allowable by the state.
- Ability to take diagnostic x-rays and photos and display those according to the type of procedure or appointment scheduled.
- Ability to accurately chart and document all notes pertaining to the patient during the exam and treatment set forth by the Company guidelines.
- Ability to review the patient’s chart, medical history and treatment plan and consent forms prior to treatment, and identify any potential concerns for you and the Doctor to consider.
- Take impressions (alginate and digital) pour and fabricate stints and study models, take centric wax bites.
- Stock drawers, clean, set up/break down patient chairs daily.
- Complete chairside duties efficiently, paying attention to detail.
- Sterilize and disinfect instruments and equipment.
- Communicate with parents/patients at the end of each visit to address concerns and answer treatment questions.
- Compliance with state and federal OSHA laws, infection control, safety standards in the dental office and operatory, including but not limited to: wearing personal protective (PPE) barriers such as gloves, scrubs, masks and eye wear; disinfecting and sterilizing instruments and treatment areas; and disposing properly of any contaminated or bio-hazardous waste/materials.
Learn and comply with D4C Dental Brands Inc. administrative procedures and follow policies listed in the employee manual to ensure consistent standards.

Maintain patient confidentiality through HIPAA compliance. Ensure any release of patient information is done according to the Company guidelines.

Attend and participate in all office meetings, continuing education events and morning huddles.

Understand how to work effectively within the office, partnering with the Orthodontic Clinical Lead, Treatment Coordinator, Front Desk Coordinator, Sterilization Assistant, Doctor(s), and other staff to maintain consistency and integrity within the Company.

Office Policies and Protocols

Daily Huddle

- Our day begins or ends with a team huddle. This is a time when goals and values are discussed and reviewed amongst the team, Practice Manager, and Orthodontist. The Clinical Team is directly responsible for reporting on any clinical items that may impact the day. The doctor and PM in coordination with their RDO will outline the huddle that best suits the offices needs but should include:
  - Start Goal progress
  - Scheduling issues for the day
  - Patients of note- best practice is for clinic members to each be in charge of reviewing a column and presenting any information of importance for those patients
  - Opportunities
  - Schedule openings and upcoming schedule roadblocks such (for example how many weeks out a holiday break is so the Orthodontist knows what weeks to avoid when recommending when a patient returns
  - Team & company updates

Special Orthodontic Cleanings

- The Doctor Quality Care Team recommends a 3-month cleaning while patients are in braces to help prevent any oral hygiene issues.

Materials and Procedures

- We utilize the highest quality and most advanced materials available for children’s dental care. Our x-ray technique and procedures are all designed to minimize exposure. Lead aprons with a thyroid collar should always be used when appropriate. Radiographs are only taken when diagnostically appropriate.

Sterilization

- We adhere to the highest standards and methods of sterilization procedures. This is for the protection of the patients and our staff’s health.
Emergency Care

- We pride ourselves on being available 7 days a week, 24 hours a day for emergency phone calls.

Compliance

- D4CDB utilizes a third party independent firm, Ethics Point, for compliance. This is a confidential, easy-to-use, and always available hotline you can call to express any compliance concerns, ask questions, and offer details. Ethics Point (844) 815-8229

Radiographs

- All X-rays should be taken by the assistant throughout the patients’ treatment at the recommendation of the Orthodontist. A panorex is taken at the new patient exam or a recent one is obtained from the primary dental provider. After the initial exam appointment, the panorex is recommended to be taken every six to twelve months or yearly as determined by the Orthodontist and depending on the patient’s needs.

When to speak to the Parents of the patients

- Speak with parents at each visit if possible to address questions or concerns. Each patient should be walked out to the responsible party/parent and the procedures and treatment progress should be explained to the responsible party/parent as well as what to expect at the next visit.

Positive Reinforcement

- We always recommend positive reinforcement to stop an active thumb or finger habit. Mavala, a bitter fingernail polish and/or a thumb/finger guard are recommended to help stop the habit prior to offering a habit appliance.

Charting

- Good charting notes are crucial in a quality orthodontic practice. Notes should be charted by the orthodontic assistant at every visit and should include the following:
  1. Who accompanied the child
  2. Daily treatment notes
  3. Next visit notes
  4. Procedure codes of daily treatment activities
  5. Arch wire sizes
  6. A hygiene score – please review OHI and suggest aids
  7. Elastic geometry and sizes
  8. Future treatment notes should be included with each patient visit

*Please include in your notes any pertinent conversations you have with patients/parents or concerns addressed. Please remember if it is not documented, it did not happen.

- Procedure codes in our patient software are a way in which we document clinical appointments along with chart notes. They allow us to track a patient’s progress, assess
issues and continue to develop the best patient care. It is very important that before checking out any patient, the procedure codes are checked for accuracy as items may have been completed that differ from the originally scheduled appointment.

Company Policy with Parents
• Parents are allowed to come back in the clinic with their child and be involved with their treatment. Parents should be asked at each visit if they have any questions or concerns about the orthodontic treatment of their child. Do not wait until the end of treatment to uncover a problem that could have been addressed early on in the treatment.

Estimated Completion Date Communication
• If problems arise due to patient cooperation, set up an appointment to review the case with the parent/patient.
• The Orthodontic Assistant is required to watch the estimated completion date. If the treatment is lasting longer than the original estimated completion date, talk to the Orthodontist to evaluate how much longer the patient will be in braces and if there will be additional charges for extended treatment.
• It is recommended that the Orthodontist inform the patient at periodic intervals when the braces are planned to be removed by confirming the brace removal date. Remind the patient that this is an estimate and a progress panorex can be taken to help determine treatment completion date.

Extraction of Teeth
• We encourage the Orthodontist and Ortho Treatment Coordinator to refer within the D4CDB group to schedule extractions and other services that D4CDB provides.
• Referrals are documented in the patients chart under the referred out section and in the chart notes of the patient account.

Hygiene concerns
• Hygiene concerns should be discussed immediately with the patient and the Orthodontist. Please bring the parent into the conversation on your findings and document the discussion. Some Orthodontist’s will recommend to stop treatment if the oral hygiene is poor and restart treatment when improvement is seen or deband the patient if there is no improvement. This decision is at the sole discretion of the treating Orthodontist and their concern for the health of the patient.

Loose Brackets / Excessive Breakage
• We do not charge for broken brackets, unless bracket loss becomes excessive. Discuss the need to improve and to finish on time to reach your goals for the patient.
• Assistants should discuss and document conversations, and replace any broken brackets if possible. Always replace any missing anterior brackets the same day. Assistants should inform the Orthodontist and Orthodontic Front Office Coordinator if any
charges should be discussed with the responsible party/parent regarding any excessive breakage of appliances, brackets, wires, hardware, etc.

PROCEDURES FOR SEATING PATIENTS
One of your most important responsibilities as an assistant is to make patients and parents feel good about themselves and orthodontic treatment. To develop these positive attitudes it is necessary for you to use effective verbal and nonverbal communication skills. By using encouraging and reassuring words when speaking, patients and parents are shown they are valued. See below steps describing procedures for seating patients in the orthodontic office:

1. Open the patient’s chart.
2. Review chart for treatment history as well as plans for future treatment.
3. Call the patient by name and last name. Ensure to address your patient properly, such as “Larry Jones or Jane Smith.”
4. Seat the patient and verify date of birth as documented on the chart.
5. Wash your hands and put on required PPE.
6. Retrieve the proper instruments and set up for all treatment, including future treatment.
7. Ask the patient if anything has broken or come loose; take notes on the patient’s response.
8. Remove the elastics and archwires from the proper arch if anything has broken or come loose.
10. Inform the doctor of the patient’s name and that the patient is ready to be checked in. If the doctor is available for a Patient Check-in, remain with the doctor and patient so that you can be available to take notes, pass instruments, etc. Do anything necessary to make the appointment flow smoothly.
11. If the doctor is unavailable for a Patient Check-in, inform the patient that you are going to retrieve the brackets, band, appliance, etc. so that the set-up is ready when the doctor becomes available.
   *This is a good time to try the fit of a new appliance or to prepare to re-bond or re-cement any loose brackets or bands. Do not proceed until the doctor is able to check and determine whether the appliance has served i’s purpose or needs to be re-cemented.
12. Document the treatment in the patient’s chart, and review the treatment to be done in the future. Take a final look in the patient’s mouth to determine the treatment materials that will be needed.
13. Explain to the patient what treatment is going to be administered before beginning your work.
14. After administering treatment, review the patient chart and look into the patient’s mouth to ensure that the treatment has been completed and has been completed correctly.

15. Ask the patient if everything is comfortable; determine that no wires are poking anywhere. Have patient check with finger.

16. If any appliances are included, such as an expander or retainer, explain the necessary steps to the patient and parent and include any available literature on the appliance itself.

17. Always escort your patient out of treatment area and discuss treatment with parent.

ORTHODONTIC PROCEDURES
A. Basic Orthodontic Adjustment

PROCEDURE: Bracket Placement (bonding)

Instruments Needed: Prophy Cup, Pumice, cotton rolls, isolation system as desired, dental explorer, etching solution, applicator tip, adhesive, composite, brackets, curing light, and PPE

Steps of Procedure:
- Prophy the enamel surfaces to be bonded with plain pumice. Do not use prophy pastes which contain oil or fluoride. Rinse thoroughly and dry teeth with oil and moisture-free compressed air. Do NOT allow patient to rinse.
- Isolate the cleaned teeth. A clean, dry surface is desirable for a good etch.
- Dispense 1 to 2 drops of etching solution on to the dispensing pad. Use a cotton pledge or brush and apply etching solution with a dabbing motion to the cleaned teeth to be bonded. Do not rub, as rubbing breaks the exposed enamel rods, which will result in a weak bond. Continuous application of etching solution for 30 seconds will provide the most desirable etch.
- Rinse thoroughly with water (5 seconds each tooth). At this point, do not allow patient to rinse or contaminate the enamel surface. Re-isolate and dry tooth thoroughly. The etched area should appear frosty white. Etched enamel must not be contaminated by saliva. If contamination does occur, re-etch for 15 seconds, dry and re-isolate.
- Apply a thin coat of primer to each etched, dry tooth in the area to which the bracket is to be bonded. This brush may be used for all teeth of a single patient, provided it is NOT contaminated with saliva or adhesive paste.
- Mash paste into mesh on bracket pad, then butter small amount onto pad to ensure small amount of flash is around bracket edges (after doctor does final placement, please remove excess flash before light curing).
- Place bracket on tooth in desired position. Doctor to check and adjust as needed.
- Light cure each tooth 10 seconds from incisal or occlusal edge and 10 seconds each mesial and distal sides.

PROCEDURE: **Insert, Tie-in and Clip an Archwire**

*Instruments Needed:* The Patient’s Study Models, Pin & Ligature Cutter or Birdbeak Pliers with Built-in Cutter, Distal End Cutter, Archwire, and personal protective equipment

Steps of Procedure:
- While training as a clinical orthodontic assistant, the best way to gauge the desired length of the Archwire you are replacing is to measure it on the study models. In a short time, you should be able to gauge the size by sight. This will come with time and experience.
- Place the archwire on the model and visualize where the end of the wire should be. If no loops or bends are going to be added to the wire, give yourself approximately 1/4 to 1/2 inch of excess on both sides of the wire beyond the bracket on the molar band. If the second molars are banded, allow less because the gum tissue is usually very close to the bracket and there is very little room behind the bracket to cut the excess.
- Cut the wire to size on both sides with the distal end cutter or the bird beak cutter, making sure the midline of the archwire remains in the center of the arch. Slide the wire into the slot on the molar band on the left and then on the right. Keeping the midline of the wire in the center, continue to slide the wire in until it is engaged in the slots in the brackets. Cut any excess wire in the back distal to the molars with a distal end cutter. This cutter allows you to cut the wire in the back of the mouth behind the molar bands and is designed to hold the piece of wire that is cut off. This prevents the wire from being cut and released into the mouth.
- The wire is now ready to be tied with elastics, ligature tie wires, or self-ligating brackets are ready to be closed.

PROCEDURE: **Remove Ligatures**

*Instruments Needed:* Pin & Ligature Cutter and personal protective equipment

Steps of Procedure:
- To remove elastic modules “elastics,” hold the scaler in a similar way to how you hold a pencil. Place the tip of the scaler under the elastic and gently pry it off the bracket pointing the scaler toward the occlusal (biting) edge of the tooth, not toward the gingival (gum).
- This is a relatively easy procedure but if the scaler should slip off of the elastic, you could accidentally poke the patient. To avoid this, take special care to keep the scaler pointing
away from the gum and keep the index finger of your other hand, shielding the area if front of the scaler.

- To replace the elastic modules, first allow the patient choose what color/colors they want.
- Grab each module one at a time with the hemostat or Mathieu pliers. Use the hemostat or pliers to stretch the elastic module around the bracket by hooking it around one wing of the bracket and then around the other three wings. Continue this method on all brackets around both arches until all ties are replaced.

**PROCEDURE: Remove and Replace Elastic Chain**

*Instruments Needed:* Scaler, Elastic Chain, Pin & Ligature Cutter or Sterile Scissors, and personal protective equipment

Steps of Procedure:

- Ask the patient to choose what color chain they would like and cut a length of that chain with the scissor or cutter before you continue with the removal of the chain that is currently on their braces.
- The procedure to remove the chain is similar to removing an elastic ligature. Use the tip of the scaler to gently pry the chain away from the hook or wing of the band or bracket that is farthest away from the midline. Keeping an even tension on the chain, use the scaler in an up and down pattern around the arch and continue to release the chain from the brackets until it is completely off the last bracket to which it is attached.
- Be especially careful not to accidentally poke the patient in the gingival (gum tissue) or lip while removing the chain. If you pull too tightly on the chain, the tip of the scaler could cut through the chain while releasing it from the brackets. Remember, after the chain has been in the mouth for a period of time, the elastic strength is diminished and the elastic material is much more likely to break if pulled too tightly.
- After the chain is removed, have the patient brush their teeth. The chains are food catchers and this is an excellent opportunity to thoroughly brush.
- To replace the chain, be certain that you are clear about the chain pattern that the doctor has prescribed in the treatment plan for the adjustment. Do not ever assume that the chains will automatically be replaced in the same pattern that was used in the previous appointment. Also, when you remove the chains as described above, take note of the chain pattern that was used. Often times the same chain pattern will be prescribed and you must be observant while removing the chains if this is the case.
- Hook the first link of the chain on either the hook attachment on the band or bracket that is farthest from the midline (center). Keeping a firm tension on the chain, hook the chain to the remaining braces that are prescribed, moving link by link until the chain pattern is
complete. Be sure to support the chain with index finger of the other hand applying the chain from tooth to tooth.

- Cut off any remaining links with a pin and ligature cutter or sterile scissors.
- Be certain to note how many weeks the doctor wishes to go between having the chains applied and the next appointment. Often the rotation will be more frequent when chains are being used to close spaces. The strength of the chain diminishes with time much as a rubber band would if it was stretched for an extended period of time. (Explain this to the patient. It is important that they understand what the purpose is for the chains and why they may be required to come more frequently for adjustment appointments.)
- Before dismissing the patient, inform them of any discomfort they may anticipate with the tension of the chains. If the chain is being used for space closure, mild to moderate soreness can be expected. If the patient is a child and a parent is with them, it is an excellent idea to escort the patient to the front desk and explain any anticipated discomfort they may expect.

**PROCEDURE: Archwire Removal**

*Instruments Needed: Distal End Cutter, Bird Beak or Weingart, and PPE*

Steps of Procedure:
- After the ligature wires or elastics are removed, place the distal end cutter between the last two braces on the lower left and cut the wire. Remove the remaining piece of wire with the distal end cutter or the bird beak. While holding the front of the wire with your other hand, clip the wire from ejecting out of the mouth.
- After both pieces are removed from the distal end of the bands, grab the wire in the front firmly with the distal end cutter or bird beak and remove it from the brackets. Repeat the same procedure on the upper arch. These wires should be disposed of in a Sharps Container.
- After the wires are removed, have the patient to brush and floss their teeth.

**PROCEDURE: Debanding and Debonding**

*Instruments Needed: Band removing pliers, bracket removing pliers, scaler, distal end cutter, and PPE*

Steps of Procedure:
The clinical assistant’s techniques in debanding and debonding are very important. Since getting braces off is usually a very happy appointment for the patient, the assistant has the opportunity to share in this occasion. Your role however, has a very important technical aspect, as the procedures used for the proper removal of braces take a high level of skill and confidence.
Before beginning any deband or debond procedure, be sure to have the patient checked by the doctor. At this time the doctor will confirm that the patient is ready for debanding and will also make the final decision on the type of retainers that will be used.

Tell the patient that that bands and brackets will be removed with special instruments just for this purpose. Explain that they will feel pressure on each tooth as the band or bracket is being removed. Assure that they may feel momentary discomfort and may hear the sound of the cement bond being released from the tooth. This should not alarm them.

Place the air/water suction tips.

**Debanding Techniques**

- This procedure description assumes that the patient is wearing full braces (bands on the posterior and brackets on the anterior.) With a distal end cutter, clip the archwire between the last two posterior bands on the both the maxillary and mandibular arch.

- With a firm, quick action, squeeze the band removing pliers together on band and loosen the cement bond. Repeat the same technique on the lingual side of the band. This will often require a fair amount of strength. Take care not to rock the instrument back and forth. Keep the instrument as parallel as possible to the tooth and squeeze the instrument firmly.

**Note:** Never place the metal part of the debanding pliers on the enamel. This could scratch and damage the enamel. Be careful!

- Certain types of bands cement have extremely good bond strength. If a band has been recently cemented (within a few months) the bond may be very difficult to release. If you are having a difficult time with a band, skip the band and bring this to the doctor's attention. The doctor may need to remove the band with a handpiece. Do not battle with one band for too long. This is uncomfortable for the patient.

- After the bands have been loosened, remove each section of bands and place on your bracket table. These are considered hazardous waste and should be properly disposed of in your Sharps Container.

- You may notice that the gum tissue around the bands may appear irritated and “flabby.” Let the patient know that the gum tissue will re-contour quickly with good oral hygiene. This is a normal condition, especially when the molar bands have been seated below the gum line.

- Use your water and air spray and your suction to flush and remove any loose cement particles from the mouth. There may also be a minimal amount of hemorrhage of the gingival tissue. Rinse the gum area thoroughly with water and suction. If this is the case, assure the patient that this is normal.
• Using the tip of a scaler, remove the remaining cement from the tooth. Any remaining cement will be removed with a handpiece by the doctor.
• Using the tip of a scaler, remove the remaining cement from the tooth. Any remaining cement will be removed with a handpiece by the doctor.

**Debonding Techniques**

• Although the brackets often come off much easier than the bands, certain precautions must be considered with certain styles of brackets such as ceramic (clear) brackets. Always follow the manufacturer’s recommendation for the proper debonding instrument to use with particular brackets. In some offices, only the doctor removes the ceramic brackets.
• In most circumstances, the following technique will be used to debond brackets. Using a bracket removing pliers, while supporting the tooth with the other hand, grasp the bracket snugly (trying not to distort the bracket.)
• With a quick action, twist the bracket gently until the bracket has been released. Sometimes the bonding adhesive comes off entirely on the bracket base; sometimes the bonding adhesive remains on the tooth, and other times some of the bonding adhesive is on both the bracket and the tooth.
• After all brackets have been released, remove the wire with the brackets still attached and place it on your bracket table. These are considered hazardous waste and should be disposed of in your Sharps Container.
• Have the patient brush and floss. Be sure to tell them that the cement and bonding adhesive will all be removed and not to think their teeth will feel “bumpy” when the procedure is complete.
• The doctor will now remove the remaining bonding adhesive with a handpiece. The teeth may then be polished with a rubber cup and prophy paste. Follow the guidelines of your state regarding this procedure. The patient may want to brush and floss again after the teeth have had a prophylaxis.
• The patient is now ready for impressions for retainers.

**B. Orthodontic Impressions**

**PROCEDURE: Mixing Alginate and Taking Impressions**

**NOTE:** It is important that you make every effort to make the experience as positive as it can be for the patient. It is admittedly an unpleasant procedure for the patient so your personality and confidence will help the patient through impression taking. This is usually the first time
the patient will have any procedure done inside their mouth in your office. Making them feel comfortable and getting the impression done right the first time is extremely important.

**Instruments Needed:** Alginate (powder), Spatula, Impression Bowls, Alginate Measuring Scoop, Alginate, Water Measuring Cup, Wax for Wax Bite Registration, and PPE.

**Steps of the Procedure:**

- Measure the powder into the bowls using the powder scoop. You will use two scoops for the lower impression and three scoops for the upper impression. This will give you a little extra mixture after mixing the upper impression for making the tongue space on the lower impression.
  - It is a good idea to let the patient brush their teeth before taking the impressions. This will remove any debris from the teeth that would detract from the detail of the impression and will also help dry the excess saliva in the mouth. Too much saliva can cause a distortion in the impression.

- Select the impression trays by looking in the mouth and estimating the size of the tray needed to include all of the teeth in the impression. While training, always trial fit the tray to ensure all of the teeth will be included.

- Explain to the patient that you will be taking a mold of their teeth with a soft material similar to mashed potatoes or marshmallow fluff. Explain that the material will start out soft and squishy but will set up like jello in a few seconds. Tell them you will take it out as soon as it is set up and show them the mold of their teeth. Assure them that you are not putting plaster in their mouth as many patients have this misconception. Tell them that impressions will be poured with plaster after they have left the office. After the plaster hardens in the impressions, the impressions will be removed and a plaster model that looks just like their mouth will be made. The patients usually react favorably to this. If you sound upbeat, they will usually respond in the same way.

- If your patient is a child, they may be apprehensive since many of their friends may have told them horror stories about impressions. Some adults may also be anxious about the impressions. When you are trail fitting the trays, often times this will give you the heads up if the patient has a gag reflex. Most patients do not gag but on a rare occasion you may have a gagger that could panic and try to take the impression out of their mouth. **DO NOT LET THEM PULL IT OUT.** Do everything you can to keep the impression in their mouth.
  - Note: Never say the word “GAG” in front of the patient. The power of suggestion is obvious. If the patient seems to have a gag reflex, let them hold an emesis basin (small pan or bowl) under their chin while you are taking the impressions and tell them that if they need to let the saliva drip into the pan, it’s perfectly ok.
To mix the alginate, measure the water in the cup up to the level that applies to the amount of scoops of powder you are using on the water-measuring cup.

- **Very Important**: The temperature of the water is directly related to the set up speed of the alginate mixture. The warmer the water, the faster the set up time. The colder the water, the slower the set up time. In the early stages of your training, make the water a little on the cold side to allow enough time for you to get a smooth, thoroughly mixed material.

- Add the water to the powder all at once. Begin mixing with the spatula. As in mixing a cake or brownie mix, first stir the powder and water until all powder is moistened. It will seem lumpy at first. Then pick up the bowl in the palm of your hand and mix firmly with the spatula. Keep turning the bowl with one hand while mixing with the other. Spread the mixture around in the bowl covering the bowl with the mixture. Gather it up on the spatula, wipe the mix off the spatula backing into the bowl and spatulate it again until the mixture is well mixed and smooth.

- Gather the mixture up on the spatula. Pick up the tray for the lower impression and fill it with alginate. Smooth out the mixture in the tray and with your index finger, press an indentation in the tray where the teeth will be, creating a sort of trough for the teeth to settle into.

- Ensure the patient is sitting upright in the chair. Stand in front and to the side of the patient and have them open wide. Place the tray in the mouth, seating the rear of the tray first then pressing down in the front, maintaining the center of the mouth in the center of the tray and firmly press down until you see the impression material come through the vent holes in the tray. Gently free the lower lip away from the tray. Keep a firm pressure on the tray and wipe the excess alginate away from the lower lip and tongue. Instruct the patient to lift their tongue up through the center of the tray: “Stick their tongue out”.

- As soon as the alginate feels dry to the touch, remove the tray with a firm snap and try not to rock the tray too much as this could distort the impression. As soon as the tray is out, hand the patient a tissue and ask them to wipe off their mouth. Show them the impression of their teeth. The Vaseline prevents the impression material from sticking to the lips.

- Repeat the mixing directions as above for the upper impression. Fill the tray as above and make a trough in the alginate as above and ensure the mixture is forced up the sides of the tray. Keep most of the excess alginate toward the front of the tray. This will prevent too much mixture from coming out the back and resting on the soft palate, aggravating
the gag reflex. If the palate is exceptionally deep, ensure enough alginate is in the center of the tray to reach up into the palate.

- Stand behind the patient and have them open wide. Place the tray in the mouth and visually place the center of the tray in the same proximity to the midline of the upper arch. Lift firmly up on the tray holding it by the handle. You may find it easier to support the tray using the index fingers of both hands, one on each side of the tray. Have the patient breath through the nose and relax. Again, release the upper lip out from behind the tray and wipe the excess alginate.
- As soon as the mixture feels dry to the touch, release the tray with a firm downward snap releasing the rear of the tray first and then the front. Hand the patient a tissue right away.
- Soften the wax bite wafer under warm water and have the patient open and bite once or twice before you put the wax in their mouth so you can be certain they are giving you their correct bite. It helps if you ask them to bite on their back teeth. Have the patient bite firmly in the wax, have them open, and then remove the wax from their mouth. Tell them they are finished and ask them if they would like to rinse out and get a drink of water. If so, show them where they can rinse. Let them know if they have any impression material on their face and show them to a mirror so that they can freshen up before they exit to the reception room.
- Remove your gloves, wash your hands and escort the patient to the reception room. If the patient is a child, tell the parent how well they did and how proud they should be of their child for being such a good patient.
- Rinse the impressions with tap water, disinfect, and take to the lab for immediate pour up. If you cannot complete this process immediately, wrap the impressions in a wet paper towel to be poured as soon as possible. Clean up your work area.

**PROCEDURE: Pouring and Impression for Study Models**

*Instruments Needed:* Impressions of the teeth, Spatula, debubbler or Surfactant, Water, Plaster or orthodontic stone (powder), Impression Vibrator, rubber bowl or can for vacuum mix, Waxed Paper,

Measuring cups for plaster and water, and PPE.

**Steps of Procedure:**

- Before pouring plaster into the impressions you will need to dry the excess water from the impression with an air syringe. Focus especially on the occlusal surfaces. This will help maintain the optimum detail of the tooth surfaces and the anatomy of the mouth. Remember, detail and accuracy are the keys to impressions and plaster study models.
• A debubbler or surfactant may be lightly sprayed onto the impression to aid in eliminating the possibility of bubbles in the plaster. Bubbles in the plaster will create holes in the model.

• Measure the plaster into a rubber bowl and slowly add water. The amount of plaster you need will vary depending upon whether you are pouring one or more impressions.

• Mix the water into the plaster with the spatula until it is a workable consistency. The optimum consistency could be described as very thick pancake batter. The object is to have the mixture to a flowable consistency but not so runny that you cannot control the amount of mix that flows into the impression.

• Turn on the vibrator and hold the plaster bowl firmly on the vibrator with one hand constantly stirring the mix with the spatula in the other hand. Hold the bowl on the vibrator and let the air bubbles come to the surface. This will help your mix to be denser and again, eliminate air bubbles in the model.

• Hold the tray on the vibrator and with either your hand or a spatula, pick up some plaster mix from the bowl and let it flow into the impression onto the occlusal surfaces. Roll the impression around on the vibrator and let any air bubbles come to the surface before you add any more plaster.

• Once the occlusal surfaces have been completely covered with plaster, continue to add plaster to the impression, filling it up and mounding it on top of the impression.

• Let the model dry completely before taking the impression off of the tray. This will take about 30 minutes.

• Ensure the back of the model is thoroughly built up with plaster mix. Do not leave a void around the molar area of the impression.

• Clean up the equipment by rinsing immediately with water. Wipe any surfaces that have wet plaster on them. Always clean up after yourself in the lab. The amount of mess created in the lab is much greater than in other areas in the office and is easier to maintain if each mess is cleaned up as soon as possible.

• Let the stone set up about 45 minutes before separating the tray from the bases and the bases from the model. Do Not Rush This.

Hint: The stone mix will go from room temperature, to very warm to the touch, to cool down during the set up time. This is due to the chemical change that is taking place in the plaster mix. Always wait until the model is completely cooled down before separating it.

• After separating the trays from the model, clean the alginate impression material from the tray, disinfect, and put away accordingly.
C. Other Orthodontic Procedures

PROCEDURE: Placement of Elastic Separators

*Instruments Needed:* Elastic separating pliers, floss, elastic separators, and PPE.

*Steps of Procedure:*
- Using the Elastic Separating Pliers for placement, select the large ring separators for the posterior teeth. Place between adjacent teeth molar to molar contacts.
- Place the separator on the beak of the pliers. Avoid squeezing the pliers too tightly, as the separators break easily.
- Identify the contact that is to be separated. Squeeze the pliers to stretch the elastic; gently force the elastic through the contact, as if it were a strand of dental floss.
- Remove the pliers after the separator is positioned below the contact area.
- The separator must completely surround the contact on all sides (facial, lingual, ocular, and gingival).
- If using floss, thread two pieces of floss through lumen of spacer. Hold each piece separately and pull apart from each other stretching spacer. Gently floss into desired position ensuring spacer is around contact point.
- Instruct patient and/or parent on care and expectations of spacers.

PROCEDURE: Invisalign Impression Technique

*Instruments Needed:* Perforated Disposable Impression Trays, Adhesive, Light Body Impression Material, VPS Putty, Timer, Impression Gun, Wax Bite, and PPE.

*Steps of Procedure:*
- Ensure that you have the right size tray for the patient's mouth. The tray should extend beyond the last tooth in the arch without touching the gum.
- When you're sure you have the right size trays for your patient's mouth, apply adhesive to the trays (optional). This will help prevent the impression material from becoming unseated from the tray upon removal from the mouth.
- Mix the VPS putty. Set your timer for the working time of your material; then knead the two putties together until you get a mixture that has no streaks in it.
- When the putty is thoroughly mixed, roll the mixture up into a "sausage" and fit it into the tray.
• Making sure the tongue and lips are out of the way, press the tray firmly into the teeth. Set your timer for the intra-oral set time of your putty. Wait for the putty to set, then take the tray.
• Dispense the light body impression material to cover the occlusal surface of the entire arch.
• Insert the tray straight and evenly into mouth – avoid rotation. Set your timer for the intra-oral set time of your light body material, and keep pressure on the tray until the impression has set.
• The tray is removed with one quick snap motion.
• Rinse under cool running water and then disinfect with an intermediate-level disinfectant.
• Obtain a bite registration as described above (Alginate Impression Technique)

PROCEDURE: iTero Scanning Technique

Instruments Needed: iTero Intraoral Scanner, Disposable Sleeve, and PPE.
Refer to Charting & Records Section for a detailed picture of these steps

Steps of Procedure:
• Holding the Wand: For proper ergonomics and to avoid fatigue, ensure the elbows are close to the body, holding the wand in the thin area behind the wand sleeve. Do not cover the air vents.
  - NOTE: The iTero Element scanner offers Guidance Hints that helps recall the scanning sequence.
• Occlusal: Scan the occlusal surface in a single continuous motion. When the wand reaches the cuspid, continue by swiping across the anterior, tilting slightly to the lingual until the wand touches the contralateral cuspid. Proceed by moving the tip straight back to the terminal molar.
• Lingual: Scan the lingual by rolling from the occlusal. Bring the cable end of the wand out to the side and maintain a vertical 45 degree angle of the wand tip to the lingual surface. To capture the mesial and distal interproximal anatomy, twist the wand tip right and left as the wand moves around the arch. Holding the wand tip against the tooth will help to retract the tongue.
• Buccal: From the lingual, roll to the buccal at a 45 degree horizontal angle and use a rocking motion as the wand moves towards the midline to capture the interproximal anatomy. After crossing the midline, begin on the contralateral terminal tooth and continue with the same rocking motion to capture the buccal surface from the posterior to the anterior. Moving from posterior to anterior on the buccal reduces the interference from the cheek and provides a smoother scanning experience.
**NOTE:** Bring the cable end of the wand towards the arch to capture the mesial interproximal anatomy and taking the cable end away from the arch will capture the distal interproximal anatomy.

- **Anterior/Incisal:** Place the wand with the cuspid and lateral centered in the view finder and roll from the lingual surface over the incisal edge to the facial. Repeat this step on the contralateral side. These scans help to ensure the lingual segments and buccal segments are joined with accurate incisal surfaces. This step is critical for properly fitting Invisalign clear aligners.

- **Scanning the Palate:** Once completed the lingual tooth anatomy, begin at the midline directly behind the central incisors. Scan in a straight line to the soft palate. Fill in the palate from the midline to the teeth on each side.

- **Bite:** The final segment is the bite. Prior to scanning, confirm the patient's bite. Have the patient open, use the wand to retract the cheek, and have patient close in centric occlusion. Bring the wand tip gently against the tooth anatomy.

**PROCEDURE: Removal of Elastic Separators**

*Instruments Needed:* Dental explorer and PPE.

*Steps of Procedure:*
- Using a standard explorer, engage the separator from the occlusal surface.
- Gently lift upward, pulling the separator out of the contact.

**PROCEDURE: Routine Appliance Check**

*Instruments Needed:* Orthodontic pliers as requested by the orthodontist and PPE.

*Steps of Procedure:*
- Bring the patient back to the chair and review the notes from the previous appointment. This will give you the information regarding what type of appliance the patient is wearing and the instructions that were given to them at the last appointment. This could include wearing time, and the care of the appliance.
- Ask the patient if they brought the appliance with them (if it is not in their mouth.) If they have the appliance with them, ask them to get it ready for the doctor to check.
- Check to see if they are having any problems with their appliance. Also ask them if they are wearing it for the prescribed duration of time that the doctor has requested. This information should be noted in the patient chart.
- The doctor will then check the patient and give them any information they need for the continued wear of the appliance.
• When the adjustment has been completed, it is your responsibility to follow-up with the dismissal of the patient. Offer to answer any questions they have regarding their appliance. Often times these appointments are done quickly in comparison to other adjustment appointments. Following the patient through this appointment is very important. This will avoid any confusion with the appointment coordinator.

Procedure Times

Ideal procedure times are shown on below table.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Total Assist. Chair Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change Elastics</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Insert Separators</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Remove Ligatures</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Put on Chains</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Change 1 archwire</td>
<td>15-30 minutes</td>
</tr>
<tr>
<td>Change 2 archwires</td>
<td>30-45 minutes</td>
</tr>
<tr>
<td>Full Records</td>
<td>30-45 minutes</td>
</tr>
<tr>
<td>Direct U/L Full Bond &amp; Banding</td>
<td>1.5-2 hours</td>
</tr>
<tr>
<td>Indirect U/L Full Bond &amp; Banding</td>
<td>1-1.5 hours</td>
</tr>
<tr>
<td>Impressions</td>
<td>15-30 minutes</td>
</tr>
<tr>
<td>Appliance Check</td>
<td>10-15 minutes</td>
</tr>
<tr>
<td>Arch Wire Check</td>
<td>15-30 minutes</td>
</tr>
<tr>
<td>Deband</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Retainer Check</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Band 7’s</td>
<td>60 minutes</td>
</tr>
<tr>
<td>Bond 4–4</td>
<td>45 minutes</td>
</tr>
<tr>
<td>iTero Scanning Both Arches</td>
<td>8-10 minutes</td>
</tr>
<tr>
<td>Emergency Patient</td>
<td>15-30 minutes</td>
</tr>
</tbody>
</table>
Section VII – Records and Sterilization Assistant
THE ROLE OF THE ORTHODONTIC RECORDS AND STERILIZATION ASSISTANT

Orthodontic Records & Sterilization Assistant provides support to the office and the primary focus for this position is the New Patient. The secondary focus will be determined by the schedule for the day and coordinated with the Orthodontic Clinical Lead. The role will fluctuate between records, sterilization and fabricating stints and models as needed. Adapting to each individual and providing excellent chair side manner is a must.

GENERAL REQUIREMENTS OF THE ORTHODONTIC RECORDS AND STERILIZATION ASSISTANT

New Patients
- Deliver quality and compassionate care to every patient.
- Assist the New Patient through their entire records appointment ensuring all of their questions and concerns have been answered.
- Take precise and accurate records consisting of: Panoramic and Cephlometric X-rays, digital scans, photos, study models and be able to upload into the patients chart and take centric wax bites.
- Ensure that the patients and parents feel welcome and comfortable by engaging in conversation and positively describing the particular team and Doctor at that location.
- Ability to accurately chart and document all notes pertaining to the patient during the exam and treatment set forth by the Company guidelines.
- Ability to review the patient’s chart and medical history and identify any potential concerns for you and the Doctor to consider.

Sterilization and Clinic
- Ensure proper cleaning and sterilization of all operatory equipment, instruments, chairs, and work stations based on OSHA regulations and the Company standards. The Orthodontic Records & Sterilization Assistant will run the sterilization area of the clinic to ensure all instruments are properly sterilized and are available for continued orthodontic treatment and complete spore test on a weekly basis.
- Compliance with state and federal OSHA laws, infection control, safety standards in the dental office and operatory, including but not limited to: wearing personal protective (PPE) barriers such as gloves, scrubs, masks and eye wear; disinfecting and sterilizing instruments and treatment areas; and disposing properly of any contaminated or bio-hazardous waste/materials.
- Monitor clinic and prepare trays ahead if possible.
○ Clean chair side trays and prepare for basic set up of instruments
○ Assist orthodontic assistants as requested.
○ Help maintain overall cleanliness of the office.
○ Assist the Doctor as needed.

Laboratory and Administrative
○ Learn and comply with D4C Dental Brands Inc. administrative procedures and follow policies listed in the employee manual to ensure consistent standards.
○ Pour up impressions as they are completed.
○ Clean, disinfect and sterilize impression trays.
○ Trim study models and fabricate clear retainers as requested.
○ Help maintain a clean work area.
○ Maintain patient confidentiality through HIPAA compliance. Ensure any release of patient information is done according to the Company guidelines.
○ Attend and participate in all office meetings, continuing education events and morning huddles.
○ Understand how to work effectively within the office, partnering with the Orthodontic Team Lead, Orthodontic Clinical Coordinator, Orthodontic Treatment Coordinator, Orthodontic Front Desk Coordinator, Doctor(s), and other staff to maintain consistency and integrity within the Company.

Office Policies and Protocols

Daily Huddle

• Our day begins or ends with a team huddle. This is a time when goals and values are discussed and reviewed amongst the team, Practice Manager, and Orthodontist. The Clinical Team is directly responsible for reporting on any clinical items that may impact the day. The doctor and PM in coordination with their RDO will outline the huddle that best suits the offices needs but should include:
  o Start Goal progress
  o Scheduling issues for the day
  o Patients of note- best practice is for clinic members to each be in charge of reviewing a column and presenting any information of importance for those patients
  o Opportunities
  o Schedule openings and upcoming schedule roadblocks such (for example how many weeks out a holiday break is so the Orthodontist knows what weeks to avoid when recommending when a patient returns
  o Team & company updates

Special Orthodontic Cleanings

• The Doctor Quality Care Team recommends a 3-month cleaning while patients are in braces to help prevent any oral hygiene issues.
Materials and Procedures
- We utilize the highest quality and most advanced materials available for children’s dental care. Our x-ray technique and procedures are all designed to minimize exposure. Lead aprons with a thyroid collar should always be used when appropriate. Radiographs are only taken when diagnostically appropriate.

Sterilization
- We adhere to the highest standards and methods of sterilization procedures. This is for the protection of the patients and our staff’s health.

Emergency Care
- We pride ourselves on being available 7 days a week, 24 hours a day for emergency phone calls.

Compliance
- D4CDB utilizes a third party independent firm, Ethics Point, for compliance. This is a confidential, easy-to-use, and always available hotline you can call to express any compliance concerns, ask questions, and offer details. Ethics Point (844) 815-8229

Radiographs
- All X-rays should be taken by the assistant throughout the patients’ treatment at the recommendation of the Orthodontist. A panorex is taken at the new patient exam or a recent one is obtained from the primary dental provider. After the initial exam appointment, the panorex is recommended to be taken every six to twelve months or yearly as determined by the Orthodontist and depending on the patient’s needs.

When to speak to the Parents of the patients
- Speak with parents at each visit if possible to address questions or concerns. Each patient should be walked out to the responsible party/parent and the procedures and treatment progress should be explained to the responsible party/parent as well as what to expect at the next visit.

Positive Reinforcement
- We always recommend positive reinforcement to stop an active thumb or finger habit. Mavala, a bitter fingernail polish and/or a thumb/finger guard are recommended to help stop the habit prior to offering a habit appliance.

Charting
- Good charting notes are crucial in a quality orthodontic practice. Notes should be charted by the orthodontic assistant at every visit and should include the following:
- Who accompanied the child
Daily treatment notes
Next visit notes
Procedure codes of daily treatment activities
Arch wire sizes
A hygiene score – please review OHI and suggest aids
Elastic geometry and sizes
Future treatment notes should be included with each patient visit

*Please include in your notes any pertinent conversations you have with patients/parents or concerns addressed. Please remember if it is not documented, it did not happen.

Procedure codes in our patient software are a way in which we document clinical appointments along with chart notes. They allow us to track a patient’s progress, assess issues and continue to develop the best patient care. It is very important that before checking out any patient, the procedure codes are checked for accuracy as items may have been completed that differ from the originally scheduled appointment.

Company Policy with Parents

Parents are allowed to come back in the clinic with their child and be involved with their treatment. Parents should be asked at each visit if they have any questions or concerns about the orthodontic treatment of their child. Do not wait until the end of treatment to uncover a problem that could have been addressed early on in the treatment.

Estimated Completion Date Communication

If problems arise due to patient cooperation, set up an appointment to review the case with the parent/patient.

The Orthodontic Assistant is required to watch the estimated completion date. If the treatment is lasting longer than the original estimated completion date, talk to the Orthodontist to evaluate how much longer the patient will be in braces and if there will be additional charges for extended treatment.

It is recommended that the Orthodontist inform the patient at periodic intervals when the braces are planned to be removed by confirming the brace removal date. Remind the patient that this is an estimate and a progress panorex can be taken to help determine treatment completion date.

Extraction of Teeth

We encourage the Orthodontist and Ortho Treatment Coordinator to refer within the D4CDB group to schedule extractions and other services that D4CDB provides.

Referrals are documented in the patients chart under the referred out section and in the chart notes of the patient account.

Hygiene concerns

Hygiene concerns should be discussed immediately with the patient and the Orthodontist. Please bring the parent into the conversation on your findings and
document the discussion. Some Orthodontist’s will recommend to stop treatment if the oral hygiene is poor and restart treatment when improvement is seen or deband the patient if there is no improvement. This decision is at the sole discretion of the treating Orthodontist and their concern for the health of the patient.

Loose Brackets / Excessive Breakage

- We do not charge for broken brackets, unless bracket loss becomes excessive. Discuss the need to improve and to finish on time to reach your goals for the patient.
- Assistants should discuss and document conversations, and replace any broken brackets if possible. Always replace any missing anterior brackets the same day. Assistants should inform the Orthodontist and Orthodontic Front Office Coordinator if any charges should be discussed with the responsible party/parent regarding any excessive breakage of appliances, brackets, wires, hardware, etc.

ORTHODONTIC PROCEDURES

A. Orthodontic Impressions

PROCEDURE: Mixing Alginate and Taking Impressions

NOTE: It is important that you make every effort to make the experience as positive as it can be for the patient. It is admittedly an unpleasant procedure for the patient so your personality and confidence will help the patient through impression taking. This is usually the first time the patient will have any procedure done inside their mouth in your office. Making them feel comfortable and getting the impression done right the first time is extremely important.

*Instruments Needed:* Alginate (powder), Spatula, Impression Bowls, Alginate Measuring Scoop, Alginate, Water Measuring Cup, and Wax for Wax Bite Registration, and PPE.

Steps of the Procedure:

1. Measure the powder into the bowls using the powder scoop. You will use two scoops for the lower impression and three scoops for the upper impression. This will give you a little extra mixture after mixing the upper impression for making the tongue space on the lower impression.
   - It is a good idea to let the patient brush their teeth before taking the impressions. This will remove any debris from the teeth that would detract from the detail of the impression and will also help dry the excess saliva in the mouth. Too much salvia can cause a distortion in the impression.
2. Select the impression trays by looking in the mouth and estimating the size of the tray needed to include all of the teeth in the impression. While training, always trial fit the tray to ensure all of the teeth will be included.
3. Explain to the patient that you will be taking a mold of their teeth with a soft material similar to mashed potatoes or marshmallow fluff. Explain that the material will start out
soft and squishy but will set up like jello in a few seconds. Tell them you will take it out as soon as it is set up and show them the mold of their teeth. Assure them that you are not putting plaster in their mouth as many patients have this misconception. Tell them that impressions will be poured with plaster after they have left the office. After the plaster hardens in the impressions, the impressions will be removed and a plaster model that looks just like their mouth will be made. The patients usually react favorably to this. If you sound upbeat, they will usually respond in the same way.

4. If your patient is a child, they may be apprehensive since many of their friends may have told them horror stories about impressions. Some adults may also be anxious about the impressions. When you are trail fitting the trays, often times this will give you the heads up if the patient has a gag reflex. Most patients do not gag but on a rare occasion you may have a gagger that could panic and try to take the impression out of their mouth. **DO NOT LET THEM PULL IT OUT.** Do everything you can to keep the impression in their mouth.

**Note:** Never say the word “GAG” in front of the patient. The power of suggestion is obvious. If the patient seems to have a gag reflex, let them hold an emesis basin (small pan or bowl) under their chin while you are taking the impressions and tell them that if they need to let the saliva drip into the pan, it’s perfectly ok.

5. To mix the alginate, measure the water in the cup up to the level that applies to the amount of scoops of powder you are using on the water-measuring cup.

- **Very Important:** The temperature of the water is directly related to the set up speed of the alginate mixture. The warmer the water, the faster the set up time. The colder the water, the slower the set up time. In the early stages of your training, make the water a little on the cold side to allow enough time for you to get a smooth, thoroughly mixed material.

6. Add the water to the powder all at once. Begin mixing with the spatula. As in mixing a cake or brownie mix, first stir the powder and water until all powder is moistened. It will seem lumpy at first. Then pick up the bowl in the palm of your hand and mix firmly with the spatula. Keep turning the bowl with one hand while mixing with the other. Spread the mixture around in the bowl covering the bowl with the mixture. Gather it up on the spatula, wipe the mix off the spatula backing into the bowl and spatulate it again until the mixture is well mixed and smooth.

7. Gather the mixture up on the spatula. Pick up the tray for the lower impression and fill it with alginate. Smooth out the mixture in the tray and with your index finger, press an indentation in the tray where the teeth will be, creating a sort of trough for the teeth to settle into.

8. Ensure the patient is sitting upright in the chair. Stand in front and to the side of the patient and have them open wide. Place the tray in the mouth, seating the rear of the tray first then pressing down in the front, maintaining the center of the mouth in the center of the tray and firmly press down until you see the impression material come through the vent holes in the tray. Gently free the lower lip away from the tray. Keep a firm pressure on the tray and wipe the excess alginate away from the lower lip and tongue. Instruct the patient to lift their tongue up through the center of the tray: “Stick their tongue out”.
• Note: Keep telling the patient they are doing great and that the mix will set up in just a few seconds. Assure them if they have saliva that drips out of their mouth it will drip on the napkin. Many patients are self-conscious about this so you want to reassure them.

9. As soon as the alginate feels dry to the touch, remove the tray with a firm snap and try not to rock the tray too much as this could distort the impression. As soon as the tray is out, hand the patient a tissue and ask them to wipe off their mouth. Show them the impression of their teeth. The Vaseline prevents the impression material from sticking to the lips.

10. Repeat the mixing directions as above for the upper impression. Fill the tray as above and make a trough in the alginate as above and ensure the mixture is forced up the sides of the tray. Keep most of the excess alginate toward the front of the tray. This will prevent too much mixture from coming out the back and resting on the soft palate, aggravating the gag reflex. If the palate is exceptionally deep, ensure enough alginate is in the center of the tray to reach up into the palate.

11. Stand behind the patient and have them open wide. Place the tray in the mouth and visually place the center of the tray in the same proximity to the midline of the upper arch. Lift firmly up on the tray holding it by the handle. You may find it easier to support the tray using the index fingers of both hands, one on each side of the tray. Have the patient breath through the nose and relax. Again, release the upper lip out from behind the tray and wipe the excess alginate.

12. As soon as the mixture feels dry to the touch, release the tray with a firm downward snap releasing the rear of the tray first and then the front. Hand the patient a tissue right away.

13. Soften the wax bite wafer under warm water and have the patient open and bite once or twice before you put the wax in their mouth so you can be certain they are giving you their correct bite. It helps if you ask them to bite on their back teeth. Have the patient bite firmly in the wax, have them open, and then remove the wax from their mouth. Tell them they are finished and ask them if they would like to rinse out and get a drink of water. If so, show them where they can rinse. Let them know if they have any impression material on their face and show them to a mirror so that they can freshen up before they exit to the reception room.

14. Remove your gloves, wash your hands and escort the patient to the reception room. If the patient is a child, tell the parent how well they did and how proud they should be of their child for being such a good patient.

15. Rinse the impressions with tap water, disinfect, and take to the lab for immediate pour up. If you cannot complete this process immediately, wrap the impression in a wet paper towel to be poured as soon as possible. Clean up your work area.

**PROCEDURE: Pouring and Impression for Study Models**

*Instruments Needed:* Impressions of the teeth, Spatula, debubbler or Surfactant, Water, Plaster or orthodontic stone (powder), Impression Vibrator, rubber bowl or can for vacuum mix, Waxed Paper, Measuring cups for plaster and water, and PPE.
**Steps of Procedure:**

1. Before pouring plaster into the impressions you will need to dry the excess water from the impression with an air syringe. Focus especially on the occlusal surfaces. This will help maintain the optimum detail of the tooth surfaces and the anatomy of the mouth. Remember, detail and accuracy are the keys to impressions and plaster study models.

2. A debubbler or surfactant may be lightly sprayed onto the impression to aid in eliminating the possibility of bubbles in the plaster. Bubbles in the plaster will create holes in the model.

3. Measure the plaster into a rubber bowl and slowly add water. The amount of plaster you need will vary depending upon whether you are pouring one or more impressions.

4. Mix the water into the plaster with the spatula until it is a workable consistency. The optimum consistency could be described as very thick pancake batter. The object is to have the mixture to a flowable consistency but not so runny that you cannot control the amount of mix that flows into the impression.

5. Turn on the vibrator and hold the plaster bowl firmly on the vibrator with one hand constantly stirring the mix with the spatula in the other hand. Hold the bowl on the vibrator and let the air bubbles come to the surface. This will help your mix to be denser and again, eliminate air bubbles in the model.

6. Hold the tray on the vibrator and with either your hand or a spatula, pick up some plaster mix from the bowl and let it flow into the impression onto the occlusal surfaces. Roll the impression around on the vibrator and let any air bubbles come to the surface before you add any more plaster.

7. Once the occlusal surfaces have been completely covered with plaster, continue to add plaster to the impression, filling it up and mounding it on top of the impression.

8. Let the model dry completely before taking the impression off of the tray. This will take about 30 minutes.

9. Ensure the back of the model is thoroughly built up with plaster mix. Do not leave a void around the molar area of the impression.

10. Clean up the equipment by rinsing immediately with water. Wipe any surfaces that have wet plaster on them. ALWAYS clean up after yourself in the lab. The amount of mess created in the lab is much greater than in other areas in the office and is easier to maintain if each mess is cleaned up as soon as possible.

11. Let the stone set up about 45 minutes before separating the tray from the bases and the bases from the model. Do Not Rush This.

*Hint*: The stone mix will go from room temperature, to very warm to the touch, to cool down during the set up time. This is due to the chemical change that is taking place in the plaster mix. Always wait until the model is completely cooled down before separating it.

12. After separating the trays from the model, clean the alginate impression material from the tray, disinfect, and put away accordingly.
B. Other Orthodontic Procedures

PROCEDURE: **Placement of Elastic Separators**

*Instruments Needed:* Elastic separating pliers, floss, elastic separators, and PPE.

*Steps of Procedure:*
   1. Using the Elastic Separating Pliers for placement, select the large ring separators for the posterior teeth. Place between adjacent teeth molar to molar contacts.
   2. Place the separator on the beak of the pliers. Avoid squeezing the pliers too tightly, as the separators break easily.
   3. Identify the contact that is to be separated. Squeeze the pliers to stretch the elastic; gently force the elastic through the contact, as if it were a strand of dental floss.
   4. Remove the pliers after the separator is positioned below the contact area.
   5. The separator must completely surround the contact on all sides (facial, lingual, ocular, and gingival).
   6. If using floss, thread two pieces of floss through lumen of spacer. Hold each piece separately and pull apart from each other stretching spacer. Gently floss into desired position ensuring spacer is around contact point.
   7. Instruct patient and/or parent on care and expectations of spacers.

PROCEDURE: **Removal of Elastic Separators**

*Instruments Needed:* Dental explorer and PPE.

*Steps of Procedure:*
   1. Using a standard explorer, engage the separator from the occlusal surface.
   2. Gently lift upward, pulling the separator out of the contact.

PROCEDURE: **Making a Thermoformed (Clear) Retainer**

*Instruments Needed:* Study Model, Vacuum Forming Machine, Lab Scissors, Sheet of Polypropylene, and PPE.

*Steps of Procedure:*
   - Trim the study model/cast, making sure there is a hole in the palate of the maxillary cast, simulating a horse shoe shape to allow a more even vacuum to be generated around the tooth areas. The land portion of the cast should be kept to a minimum for the same reason. Also, remove any bubbles that remain on the crown, as well as on the gingival margin.
   - Place a sheet of polypropylene in the frame of the vacuum forming machine (Essix Vacuum Thermoforming Machine) and heat it. If bubbles appear, the material has been overheated. Polypropylene is the material of choice as it provides adequate rigidity without excessive bulk of material.
Once the polypropylene is adequately heated, turn off the heater and turn on the vacuum. Simultaneously lower the heated polypropylene sheet over the cast. Allow it to cool completely under vacuum for maximum adaptation of the material to the tooth portion of the cast.

Due to the rigidity of the set polypropylene, it needs to be sectioned from the cast, which means the cast is normally not salvageable.

Trim the retainer and acrylic to eliminate any sharp edges. It is not recommended to scallop the retainer to follow the gingival margins. Cut excess material away as needed.

Peel the clear retainer off the cast. Use an abrasive stone or sand paper to give the final polish around edges. The edge surface of the retainer should be as smooth as possible. Feel free to use your fingers to check on rough surfaces.

Rinse finished retainer under water and use a disinfectant spray before packaging for delivery.

PROCEDURE: iTero Scanning Technique

Instruments Needed: iTero Intraoral Scanner, Disposable Sleeve, and PPE.

Steps of Procedure:

- Holding the Wand: For proper ergonomics and to avoid fatigue, ensure the elbows are close to the body, holding the wand in the thin area behind the wand sleeve. Do not cover the air vents.
  
  - NOTE: The iTero Element scanner offers Guidance Hints that helps recall the scanning sequence.

- Occlusal: Scan the occlusal surface in a single continuous motion. When the wand reaches the cuspid, continue by swiping across the anterior, tilting slightly to the lingual until the wand touches the contralateral cuspid. Proceed by moving the tip straight back to the terminal molar.

- Lingual: Scan the lingual by rolling from the occlusal. Bring the cable end of the wand out to the side and maintain a vertical 45 degree angle of the wand tip to the lingual surface. To capture the mesial and distal interproximal anatomy, twist the wand tip right and left as the wand moves around the arch. Holding the wand tip against the tooth will help to retract the tongue.

- Buccal: From the lingual, roll to the buccal at a 45 degree horizontal angle and use a rocking motion as the wand moves towards the midline to capture the interproximal anatomy. After crossing the midline, begin on the contralateral terminal tooth and continue with the same rocking motion to capture the buccal surface from the posterior to the anterior. Moving from posterior to anterior on the buccal reduces the interference from the cheek and provides a smoother scanning experience.

- Anterior/Incisal: Place the wand with the cuspid and lateral centered in the view finder and roll from the lingual surface over the incisal edge to the facial. Repeat this step on the contralateral side. These scans help to ensure the lingual segments and buccal
segments are joined with accurate incisal surfaces. This step is critical for properly fitting Invisalign clear aligners.

- **Scanning the Palate:** Once completed the lingual tooth anatomy, begin at the midline directly behind the central incisors. Scan in a straight line to the soft palate. Fill in the palate from the midline to the teeth on each side.

- **Bite:** The final segment is the bite. Prior to scanning, confirm the patients bite. Have the patient open, use the wand to retract the cheek, and have patient close in centric occlusion. Bring the wand tip gently against the tooth anatomy.
Section VII – Front Office Coordinator
The Role of the Front Office Coordinator

This procedure manual is provided to assist you in the training for your position as a Front Office Coordinator for D4C Dental Brands. Not every job function is covered in this manual and it will be your responsibility to ask for help in any situation where you feel unsure of what is required.

Your role as Front Office Coordinator requires you to welcome each patient into the practice. Patients checking in and out and those on the phone all desire a high level of customer service. Having a warm welcoming attitude and greeting patients with a smile, is one of the most important aspects of being successful in this role. The FOC is often the first and last impression on our patients; each of which, can make the biggest impact on how a patient views their experience.

General Requirements of the Front Office Coordinator (FOC):

- Make a positive first impression by greeting the patient with a smile, and accommodating his or her needs with a comfortable and pleasant manner.
- Checking in patients upon arrival at the office, as well as obtain necessary financial, personal, and or medical updates. Any updates should accurately be entered in the patient’s chart and/or OrthoFi if needed.
- Assist TC in presenting to the patient or parent orthodontic contracts, informed consents and orthodontic compromise forms.
- Make a positive lasting impression as patient and parent or guardian is leaving the office by genuinely thanking the family for coming.
- Check the patient out upon completion of the appointment, schedule the next appointment(s) as needed and provide him or her with any necessary documents, including new patient folders and documents, receipts, school excuse notes, or appointment reminder cards.
- Ensure that the procedure codes are accurately entered into the ledger and that they match what was actually completed at the appointment.
- Provide patients with a high level of customer service by answering the telephone promptly, communicating in a courteous manner, and inquiring about their needs.
- Schedule appointments with the appropriate Doctors, and with Orthodontic Treatment Coordinators for the amount of time based on the Company’s scheduling guidelines.
- Make outbound calls to patients to reschedule missed appointments, as well as work on the recall lists to schedule appointments that may be needed.
- Ensure to confirm with the parents or guardians, whether on the phone or in office, where they heard about us to enter the appropriate referral information in the patient’s chart.
○ Learn and comply with D4C Dental Brands Inc. administrative procedures and follow policies listed in the employee manual to ensure consistent standards.
○ Attend and participate in all office meetings, continuing education events and morning huddles.
○ Assist the Orthodontic Treatment Coordinator as needed.
○ Understand insurance benefits to effectively communicate to the patient. Follow the Company policies pertaining to collections and financial protocols.
○ Maintain patient confidentiality through HIPAA compliance. Ensure any release of patient information is done according to the Company guidelines.
○ Understand how to work effectively within the office, partnering with the Orthodontic Team Lead, Orthodontic Clinical Coordinator, Orthodontic Treatment Coordinator, Doctor(s), and other staff to maintain consistency and integrity within the Company.

Office Policies and Protocols
Daily Huddle

- Our day begins or ends with a team huddle. This is a time when goals and values are discussed and reviewed amongst the team, Practice Manager, and Orthodontist. The Front Office Coordinator is directly responsible for informing the team of any scheduling issues, patients with overdue accounts as well as small items like patients with birthdays. The doctor and PM in coordination with their RDO will outline the huddle that best suits the offices needs but should include:
  ○ Start Goal progress
  ○ Scheduling issues for the day
  ○ Patients of note- often clinic members will each be in charge of reviewing a column and presenting any information of importance
  ○ Opportunities
  ○ Schedule openings and upcoming schedule roadblocks such (for example how many weeks out a holiday break is so the Orthodontist knows what weeks to avoid when recommending when a patient returns
  ○ Team & company updates

Special Orthodontic Cleanings

- The Doctor Quality Care Team recommends a 3-month cleaning while patients are in braces to help prevent any oral hygiene issues.

Materials and Procedures

- We utilize the highest quality and most advanced materials available for children’s dental care. Our x-ray technique and procedures are all designed to minimize exposure. Lead aprons with a thyroid collar should always be used when appropriate. Radiographs are only taken when diagnostically appropriate.
Sterilization
- We adhere to the highest standards and methods of sterilization procedures. This is for the protection of the patients and our staff’s health.

Emergency Care
- We pride ourselves on being available 7 days a week, 24 hours a day for emergency phone calls.

Compliance
- D4CDB utilizes a third party independent firm, Ethics Point, for compliance. This is a confidential, easy-to-use, and always available hotline you can call to express any compliance concerns, ask questions, and offer details. Ethics Point (844) 815-8229

Radiographs
- All X-rays should be taken by the assistant throughout the patients’ treatment at the recommendation of the Orthodontist. A panorex is taken at the new patient exam or a recent one is obtained from the primary dental provider. After the initial exam appointment, the panorex is recommended to be taken every six to twelve months or yearly as determined by the Orthodontist and depending on the patient’s needs.

When to speak to the Parents of the patients
- Speak with parents at each visit if possible to address questions or concerns. Each patient should be walked out to the responsible party/parent and the procedures and treatment progress should be explained to the responsible party/parent as well as what to expect at the next visit.

Positive Reinforcement
- We always recommend positive reinforcement to stop an active thumb or finger habit. Mavala, a bitter fingernail polish and/or a thumb/finger guard are recommended to help stop the habit prior to offering a habit appliance.

Charting
- Good charting notes are crucial in a quality orthodontic practice. Notes should be charted by the orthodontic assistant at every visit and should include the following:
  - Who accompanied the child
  - Daily treatment notes
  - Next visit notes
  - Procedure codes of daily treatment activities
  - Arch wire sizes
  - A hygiene score – please review OHI and suggest aids
  - Elastic geometry and sizes
  - Future treatment notes should be included with each patient visit
*Please include in your notes any pertinent conversations you have with patients/parents or concerns addressed. Please remember if it is not documented, it did not happen.

- Procedure codes in our patient software are a way in which we document clinical appointments along with chart notes. They allow us to track a patient’s progress, assess issues and continue to develop the best patient care. It is very important that before checking out any patient, the procedure codes are checked for accuracy as items may have been completed that differ from the originally scheduled appointment.

**Company Policy with Parents**

- Parents are allowed to come back in the clinic with their child and be involved with their treatment. Parents should be asked at each visit if they have any questions or concerns about the orthodontic treatment of their child. Do not wait until the end of treatment to uncover a problem that could have been addressed early on in the treatment.

**Estimated Completion Date Communication**

- If problems arise due to patient cooperation, set up an appointment to review the case with the parent/patient.
- The Orthodontic Assistant is required to watch the estimated completion date. If the treatment is lasting longer than the original estimated completion date, talk to the Orthodontist to evaluate how much longer the patient will be in braces and if there will be additional charges for extended treatment.
- It is recommended that the Orthodontist inform the patient at periodic intervals when the braces are planned to be removed by confirming the brace removal date. Remind the patient that this is an estimate and a progress panorex can be taken to help determine treatment completion date.

**Extraction of Teeth**

- We encourage the Orthodontist and Ortho Treatment Coordinator to refer within the D4CDB group to schedule extractions and other services that D4CDB provides.
- Referrals are documented in the patients chart under the referred out section and in the chart notes of the patient account.

**Hygiene Concerns**

- Hygiene concerns should be discussed immediately with the patient and the Orthodontist. Please bring the parent into the conversation on your findings and document the discussion. Some Orthodontist’s will recommend to stop treatment if the oral hygiene is poor and restart treatment when improvement is seen or deband the patient if there is no improvement. **This decision is at the sole discretion of the treating Orthodontist** and their concern for the health of the patient.
Loose Brackets / Excessive Breakage

- We do not charge for broken brackets, unless bracket loss becomes excessive. Discuss the need to improve and to finish on time to reach your goals for the patient.
- Assistants should discuss and document conversations, and replace any broken brackets if possible. Always replace any missing anterior brackets the same day. Assistants should inform the Orthodontist and Orthodontic Front Office Coordinator if any charges should be discussed with the responsible party/parent regarding any excessive breakage of appliances, brackets, wires, hardware, etc.

Transfer in Patients

- A New Patient Exam is scheduled and workflow follows new patient protocol
- AAO records release form is signed by patient and if records were not obtained prior to the exam, call the previous Orthodontist and try to gather the information

Transfer out Patients

- Patient should sign the AAO records release form
- Inform the patient that the account will be prorated based on services rendered
- Refer to RCM Department or use the D4C proration document to prorate account
- Inform the patient of their balance and collect any balance remaining on the account
- Have the current Orthodontist fill out the AAO Transfer Form / Active Patient in Orthodontic Treatment or Retention
- Send the AAO form and a copy of the patient’s records to the new Orthodontist

*Patients transferring in or out of one office to another office within the company still should follow the above protocols. If transferring within the same state, it is up to the doctor owner and practice manager to discuss and decide how to handle the financials for the transfer. If transferring to an office in a different state, the financials should be handled the same as transferring to an outside practice. In all cases, a new contract and documents should be completed.

Communication

Excellent communication skills are essential. You must speak to patients and their parents effectively and knowledgeably concerning their appointment, treatment, insurance and sensitive information regarding their financials. If the schedule is running behind, it is the Front Office Coordinators responsibility to proactively communicate with the parent when they will be seen.

Answering the Phone

The phones should be answered within 3 rings with a friendly and upbeat manner. Always have a smile on your face when answering the phone. Speak slowly and clearly. We repeat the same information all day with each patient and parent, but try not to sound rehearsed or bored.
Remember while we may be saying it for the 40th time, it is the first time they are hearing it. Have fun on the phone. Enjoy the conversation!

How to Answer the Phone
Example: “Thank you for calling office name, this is name, how may I help you?”
Never ask a caller to hold as soon as you answer the phone. When it is necessary to place a call on hold, first find out who the caller is and the purpose of the call before doing so.

If a phone transfer is necessary, provide the new speaker with who the patient or parent is and what the call is regarding.

Receiving a Transferred Call
If you are the person receiving a transferred call, greet the caller by name and state that you understand the reason for the call. This will eliminate the caller from repeating himself or herself and potentially causing unnecessary irritation.
Example: “Hello Mrs. Smith, I understand Bobby is having some discomfort.” This makes the parent or guardian feel known while also providing him or her with the confidence that you are the person he or she needs to be speaking with.

If the caller asks for a clinical staff member, explain that he or she is with a patient and offer to take a message. If it is an emergency of any sort, get the staff member immediately.

Phone Etiquette
Never hang up on a parent, guardian, or patient. If the call gets disconnected, immediately contact the parent back.

Documentation of Phone Conversations
Make a note on the account EVERY TIME someone calls in regards to a patient. It is very important that all comments concerning past due balances, balance questions, etc. are notated for the Financial Department and that all clinical conversations are documented in the patients chart for the clinical team and doctor. Financial or pretreatment notes should be entered in the communication section of the patients account in OrthoFi. Clinical comments should be put in the practice management system.

Phone Coverage
There should be someone in the office at all times during business hours to answer phones—including the lunch hour. The door(s) should also be unlocked and open to patients during business hours.

Voicemails & Email
It is important that voicemails and emails be returned in a timely manner. The FOC is responsible for checking the voicemails and returning all calls, as well as the office general email account. The general email account is where appointment requests from the website are submitted as well as most communication from outside referrals and providers. The PM will
provide the FOC with the voicemail password as well as contact IT to give them access to the office’s general email account. Voicemails and emails should all be checked and responded to the same day they are received. Emails should be checked frequently throughout the day and voicemails should be checked at a minimum at the start of the day, after lunch and 30 minutes before the end of day.

New Patient Phone Calls

A new patient call is the most important phone call received in the practice. It is crucial that the first impression to the parent or legal guardian is positive and professional. When a call comes in, use the New Patient Encounter Form to guide you through the call.

Always talk to the parent or legal guardian with a smile on your face and with no interruptions. Transfer the call to another Front Office Coordinator if you are unable to provide your undivided attention to the new patient call. The parent or legal guardian should not feel rushed through the call, but left with the feeling that his or her child’s first appointment at our Orthodontic practice is important to us.

Once the call is completed it is the FOC’s responsibility to add this patient into the practice management software and schedule their appointment. For any practice management software’s other than Dolphin, an account will also need to be created in OrthoFi so that the patient will receive their new patient paperwork request. This must be done in a timely manner and all must be added before leaving for the day.

Patient Creation
Patient Forms Emailing Timing
Patient Exam Management

Confirmation Calls

- Phone calls to confirm appointments start three days prior to the appointment. This way, if patients cancel there is still time to try to fill their appointment space.
- All phone numbers provided in the account need to be called. Locate the medical history for any alternate numbers when there is no answer with the numbers provided in the account.
- If unable to speak to someone, a voicemail needs to be left when available.
- When you reach the parent or legal guardian and confirm the appointment(s), note this on the account along with changing the patient status.
- Make confirmation notes on each patient’s chart, including siblings that are scheduled.
- Verify insurance on file is correct only if you speak with the parent or legal guardian directly. Do not leave messages on a voice mail regarding insurance information.
- Check account for past due balances in OrthoFi prior to making the confirmation call. When the confirmation call is made, be prepared to explain the details of the balance.
- Only when you directly speak to the parent or legal guardian, should any comments be made concerning a past due balance. DO NOT leave any information in reference to a balance on a voicemail when leaving a message for confirmation. If you have made the...
parent or legal guardian aware of a balance, note this information in OrthoFi under the patient’s communication section.

- Check for patients that require antibiotic prior to appointment. Inform Practice Manager if antibiotic needs to be called in prior to an appointment.

Confirmation Scripts
The front office coordinator is responsible for confirming all active patient appointments with the exception of any patients in the consult column (new patients, recall/obs ready) and scheduled starts. Appointments in the consult column as well as scheduled starts should be confirmed by the TC.

Example when speaking to parent/guardian directly
“Hi this is (your name) with name of office. May I please speak to the parent or guardian of (patient)? Hi, I am calling to confirm (patient’s) orthodontic appointment scheduled on day, month/date/time. (after response) Great, Dr. (name) is looking forward to seeing (patient name). This appointment will be approximately _____ long. Has (patient name) had any issues like broken brackets or pain since their last visit? Thank you, we look forward to seeing (patient) on day, month/ date/time. Bye.”

Always document the conversation in the patients chart. If the patient or parent says they have had multiple brackets broken off or additional issues- consult with your clinical lead or Orthodontist to see if the appointment will need to be extended so that they are prepared to keep the day running smoothly.

Example when leaving a message
“Hi, this is (your name), I am calling from name of office to confirm (patient’s) appointment on Day, month/date/time. We do require a verbal confirmation in order to hold this appointment. We ask that you please return our call at office phone number. If it is after hours, please leave a message with the best number to reach you during our next business day. Again, thank you, and we look forward to hearing from you soon. Bye.”

Patient Communication Software
Each office has patient engagement software. The office is still responsible for confirmation calls even when the patient engagement software is being used. Sesame or Lighthouse is used to send patient’s text and email reminders, announcement letters and communicate via text with patients.

Sesame Communications
Lighthouse 360
The Schedule
Scheduling Techniques
When we inform the patient/parent of why a morning appointment is necessary, 95% of the time they are agreeable. The other 5% will have a specific need for an alternate time frame. Listen to the parent’s needs and make an exception “just for them.”

- Depending on the office in which you work, adhere to the company approved scheduling templates. When scheduling an appointment, do not ask the patient/parent when he or she wants to schedule. Instead, offer available appointment times and days that work for the office schedule.
- For example, if a patient/parent inquiries about the treatment that has been recommended for his or her child, do not ask: “When would you like to schedule this treatment for Johnny?”
- Always refer to the doctor rather than “I” or “we.” “Dr. Jones has availability at” rather than “I have an opening” or “we could see you.”
- Instead say, “Dr. Jones would love to see Johnny Friday at 10:00, or he also has an appointment available next Tuesday at 2:00. Which would work best for you?” The patient/parent will be appreciative that there is still an option provided to help with his or her own schedule.
- Long Procedures/Delivery of Appliances/Deband: “Dr. Jones would like to see Suzy during the morning for the next treatment procedure. This appointment requires more time at the chair with Dr. Jones, so he likes to schedule these at specific times in the day so he can ensure he has enough time with Suzy. Dr. Jones has a 9:00am next Tuesday or if you prefer 8:00am, he has that available next Wednesday.”
- Do not say: “We are booked ten across.” This means absolutely nothing to the parent and they really are not interested how we are booked when they’re simply interested in a 4:00 appointment.
- Be polite by saying; “Thank you for calling,” “We appreciate your call,” and “Thank you for holding.”
- All patients want to hear a helpful, pleasant voice and be treated with courtesy. Your tone of voice and attitude will make for a pleasant experience for the patients.
- Patients/parents are going to miss or cancel appointments throughout their treatment. The most important thing is to reschedule the appointment and be polite and understanding. Treatment time takes longer when the patient goes for three or four months between appointments.
- Suggest to the parent: “It is important to have the braces adjusted at the scheduled intervals the doctor has recommended. Missed appointments can delay the completion of treatment; I am glad that we were able to reschedule the appointment.”

Please reference the Scheduling Office workflow and hyperlink to the D4C Intranet here:
Scheduling Office Workflow

<table>
<thead>
<tr>
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<th>PROVIDER</th>
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Please reference the Scheduling Communications Center workflow and hyperlink to the D4C Intranet here:
Scheduling Communications Center Workflow

Schedule preparation for next patient day
It's always good to start a new day with a clean and well organized desk and be well prepared to conquer your next scheduled patient day. Below is a checklist of what you will need to do in order to start your day off successfully.

Huddle Preparation
- Print daily collections and delinquents in OrthoFi and mark on schedule to let patients know when they come in to update their payment information in OrthoFi
- Prepare contracts for next day and/or assist TC with this process
- Prepare Deband Consent Forms – ensure financials are gone over before appointment
- Prepare Health History Update forms- should be completed annually- update in OrthoFi as well
  - Patient Account Management & Updates

Morning Tasks
- Review schedule and fix scheduling errors (appointment type not correct, procedure codes missing)
- Utilize Needs Attention Filter in OrthoFi to reschedule No Shows, Update Insurances, & take action when needed- this filter must be cleared daily
- Confirm all appointments (TC will confirm new patient exams, recall/obs ready & scheduled starts)

Throughout your day
- Schedule New patient online requests as soon as they are received
- Call no shows asap (after 5-10 min late) and before the end of each patient day, add to recall list if unreachable and note account
- Recall or sooner appointment list – use to fill holes in schedule – keep schedule full
- In OrthoFi:
  - Ensure ALL new patient exams are added to OrthoFi
  - Utilize new patient call sheet & gather insurance whenever possible
  - If new patient, start, observation appointments are rescheduled or cancelled, update in OrthoFi
  - Start at Home Filter- These are patients who we sent the slider home to and they clicked on the “start smiling now” button to move forward with treatment- follow up with anyone in this filter daily to schedule their start- they will sign the contract this day
Insurance Filter- Verify claims and appliance inserts waiting to be submitted (only submit if the patient comes in for that appointment that day, otherwise change the date to the rescheduled date). This filter should be cleared daily.

Insurance Payments- Upload EOBs to insurance tab and save any checks with any other cash or check payments to give PM with EOD paperwork

- Ensure lobby, patient restroom and lobby is neat and clean

Ortho Emergencies
Ask the following questions to determine if the problem they are having classifies the appointment as an appointment that cannot wait until their next adjustment visit.

- Is the patient in any pain? For how long?
- Is there any bleeding?
- Is there any swelling?
- Can the patient eat?
- Does the pain keep the patient up at night?

If the parent/legal guardian answers yes to the above questions, we should accommodate the patient right away.

Canceled/Broken/Missed appointments
If a patient/parent calls to reschedule or cancel an appointment, inquire on the reason for the reschedule or cancelation. It is very important that every effort is made to keep the appointment.

- When speaking with a patient/parent remind them that a 24-hour notice is required.
- It is important that the patient/parent understands that the appointments are of value and coincide with the treatment plan the doctor has recommended. Additional fees can be charged if the patient’s treatment time goes beyond the estimated completion date
- A note needs to be created in the patient’s account that specifies if the appointment was canceled, failed or rescheduled.
- Place patients on appropriate recall lists so that they don’t get lost in the system.
- Work unscheduled patients list daily, weekly and monthly to keep schedule full.

Late Patients

- If a patient is over 20 minutes late, consult with the Orthodontist and Practice Manager, as it is at their discretion whether to see the patient or reschedule the appointment
- Patients under 20 minutes late will be seen and worked into the schedule
- It is the Practice Manager’s responsibility to contact the Regional Director if a patient is turned away within the 20-minute guideline
OrthoFi
OrthoFi is a software management company that provides digital forms, contract, financial and collection support to D4C. Patient’s progress through their lifecycle will be tracked in OrthoFi from the time they are entered into the practice management software until they have paid for their treatment in its entirety. OrthoFi does not hold clinical information such as chart notes or records and is not a replacement for your practice management software. OrthoFi will do the following, but will still require a partnership within offices to ensure the process is a smooth experience for every patient:

- Email and Text New Patients and Recall Patients their pre-appointment paperwork to complete (it does not confirm appointments, Sesame or Lighthouse will continue to do this)
- Verify Insurance for patients
- Present Financials for the Financial presentation of the consult
  - This includes a soft credit check to determine payment options as well as a slider tool for patients to utilize
- Provide the digital contract to be signed and house all payments for the patient
- Provide collection services for all monthly payments and overdue payments
- File insurance claims and receive payments
- Provide Follow-up tracking and documentation for Pending and Recall patients
- Provide reporting and data analysis on New Patients, Recall, the TC process and more

*OrthoFi is predominantly a one way information transfer system. While some information entered into practice management systems will automatically update to OrthoFi, information entered into OrthoFi WILL NOT update into the practice management system. The one exception to this is Dolphin which does have some integration.

Please find all OrthoFi Training Material here: [OrthoFi Training Material](#)

Step 1: Registering a New Patient - Scheduling a New Patient Exam
Search the database so that no duplicate account is created. Use the [New Patient Encounter Form](#) to gather all necessary information.

To register a new patient you will need the following information:

- Using the New Patient Encounter form ensures all this information is in one place before entering it into the software
- Patient’s full name
- Patient’s date of birth
- Address
- Phone number(s)
- Email address
- Referral source - (All referral sources should be listed in the patient’s account. Ask the parent or legal guardian, “How did you hear about us?”)

| PATIENT | PEOPLE | PROVIDER | PROCESS | PERFORMANCE |
• Patient’s dentist and date of last cleaning - (Cleaning recommended within last 6 months prior to braces being placed)
• Parent or legal guardian’s full name and date of birth
• Insurance information: Policy holder’s name and date of birth if different from parent/legal guardian. Social Security # or member ID/policy number, insurance phone number, state the insurance is located in (this is NOT the state the person lives in or works in but will be located on the insurance and is required to verify some insurances such as Delta Dental).

Once you have created the patients account in your practice management software you will add them in OrthoFi (unless you use Dolphin)

Patient Creation
Patient Forms Emailing Timing
Patient Exam Management

Step 2: Insurance Verification
Insurance will be verified by OrthoFi for any new patient or recall patient coming in for an appointment so long as they have properly completed their paperwork. It is the responsibility of the FOC to check in OrthoFi for upcoming appointments to ensure all needed information is in OrthoFi and that it is verified prior to the patient’s appointment. OrthoFi sends out texts and email reminders automatically to patients until their paperwork is completed; however, if a TC see’s that a patient’s paperwork has not been completed, they should ask during their confirmation call to get this completed.

“Mrs. Johnson, I noticed you have not yet completed your paperwork for your appointment. Did you receive an email from our software OrthoFi? It’s very important this is completed prior to the appointment so Dr. Jones has time to review Jonny’s medical history and so that insurance benefits can be verified in time for your appointment.”

Insurance Eligibility Management
This explains the different statuses in OrthoFi to ensure insurance is verified for patients.

Insurance Unable to Verify
While insurance is verified by OrthoFi, it is the offices responsibility to ensure we are getting information in a timely manner so it can be verified before the patient’s appointment. It is also important that FOC’s and TCs understand how insurance works so that they can still properly explain the information to the patient and setup the proper insurance claim information when they start treatment. Below is a list of the time required for insurance plans to be verified prior to an appointment.
Understanding Orthodontic Insurance

All offices have a list of insurances accepted and/or participating with as well as their fees for each type of treatment. Each office also has a list of fees by treatment type with the companies UCR & self-pay fee. Simply put, UCR is the rate we charge for treatment and self-pay is the fee we charge patients who have no insurance (giving them a discount from the UCR fee). These fees are all preloaded in OrthoFi to populate when putting together their contract.

The most important thing in explaining insurance to a patient is explaining that their benefits are an agreement they have entered into with their insurance company and we are only a provider who files on their behalf. If their insurance company refuses to pay or denies treatment for any reason, this is not the office’s responsibility and the patient will be responsible for anything they don’t cover.
Contracted Rates with In-Network Insurance:
When the office is in network with the insurance plan, any out of pocket for the parent or legal guardian will be at the insurance’s contracted rate instead of the Company’s UCR/Self-Pay fees. This means you cannot charge more than this for the type of treatment associated with that fee. This is explained to patients as “Now Mrs. Jones, because you have chosen an orthodontist who participates with your insurance, you get the benefit of a contracted rate with them. This is a savings of _____ from our initial treatment fee for you!” However, if the amount you are charging is less than the contracted rate, you do not raise the price of treatment to match it.

Orthodontic Lifetime Maximum: Unlike dental insurance being used for cleanings, orthodontic insurance is based on a lifetime maximum that the insurance agrees to pay at a certain percentage of the total cost of treatment. Insurance will always pay the lesser of these two numbers (i.e. if the coverage amount is less than the percentage of total treatment fee, they will pay the coverage amount). For many insurance companies, this lifetime maximum is the same amount if the patient goes to an in or out of network provider but it can be different so it is always important to ask the insurance agent when verifying insurance for a patient.

Examples:
- A patient with Cigna may have an orthodontic plan of 50% of treatment up to a $1000 lifetime maximum and the treatment plan you are presenting is for $5000. In this scenario, Cigna will pay the whole $1000 because this is less than 50% of treatment ($2500).
- A patient with Cigna may have an orthodontic plan of 50% of treatment up to a $3000 lifetime maximum and the treatment plan you are presenting is for $5000. In this scenario, Cigna will pay the 50% of treatment because this is only $2500 compared to the lifetime maximum of $3000.
  - Anytime a balance of a lifetime maximum exists as it would in the above example, this remains for the patient to use on future treatment if needed for as long as they have the same insurance plan.

This Orthodontic benefit is separate from the above contracted rate and will be paid directly by the insurance company over the course of treatment. Insurance companies like to ensure patients keep their insurance for the entirety of treatment so it is important to explain to the patient that to receive the full benefit, they must keep the insurance for the entire duration of treatment. Otherwise the coverage amount will likely be prorated and the unpaid portion will become the responsibility of the patient.
For example: “Now Mrs. Jones, because you have chosen an orthodontist who participates with your insurance, you get the benefit of a contracted rate with them. Our treatment fee for Johnny is $6990, but our contracted rate with Cigna is $5000. This is a savings of $1990 from our initial treatment fee for you! In addition, your Cigna plan also has orthodontic coverage at 50% up to $1500, which means they will cover an additional $1500 towards treatment! It is important to know that they will pay this amount out over the course of Johnny’s treatment so it is important you keep the insurance for the entirety of treatment, otherwise any remaining balance would be your responsibility to cover.”

Common Insurance Factors & Stipulations:
These are the most common factors for why a claim may be denied and are a crucial part of the insurance verification process and presenting insurance to patients.

- **In-Progress Treatment**: This refers to any orthodontic treatment started prior to the patient’s insurance coverage starting. Some plans allow in-progress treatment, some pro-rate their coverage based on the number of months the patient is in treatment while covered by the insurance and some plans will not cover anything if treatment is started before the date of the plans activation.

- **Waiting Periods**: This refers to a time period between when a patient’s insurance plan becomes active and when their orthodontic benefits can actually be used. For instance, some plans will say they have orthodontic coverage, but require a 1 year waiting period in which the patient must have the insurance for an entire year prior to being able to use the benefit. Typically if orthodontic coverage is started prior to the end of this waiting period, coverage will be denied.

- **Dentally Necessary**: This refers to when an insurance company requires the treatment to be “dentally necessary” for them to cover anything. Typically, this means it can’t be treatment just to correct crowding or something, it usually requires the bite to be a class II or III. In these cases you should always ask what the requirements for that insurance company are for dental necessity, file a pre-authorization or explain to the patient that it may not be covered.

- **Medically Necessary**: This refers to when an insurance company requires the treatment to be “medically necessary” for them to cover anything. This is not the same as dentally necessary and is very rarely covered. In these cases if the patient wishes to find out about coverage before starting, a pre-authorization should always be submitted to the insurance company prior to starting treatment. Medically necessary cases vary by insurance company, typically require additional documentation and require the orthodontist to prove that orthodontics are crucial in the ability of the patient to continue to survive.

- **Age limits**: This refers to when an insurance plan offers an orthodontic coverage but only within certain age limits. This is most common with dependents but can also exist for primary plan holders as adults. Most common is an age limit of 18, possibly with the addition of an age limit of 23 for students. Every plan is different.

- **Pre-authorization**: A pre-authorization is the filing of an insurance claim for a patients proposed treatment plan without them actually starting yet. Basically asking the insurance company to review and determine if they will approve future claims if this
plan is started. Pre-authorizations typically take 2-4 weeks to hear back from an insurance company with determination
  - **Insurance Pre-Authorization**

- **Insurance Claim Codes for Treatment**
  Still waiting on information for this- will definitely need to be added but will be important in making sure claims are properly submitted in OrthoFi.

- **Initial Claim**
  TC's are responsible for making sure the correct information is placed in the initial Insurance Claim when they start a patient. This includes the above claim codes (reason for treatment) and setting the expected appliance date. The FOC will then be responsible for checking to submit the insurance claim on the date appliances are delivered or to reschedule this date on the claim if an insert appointment is changed. In the event a patient cancels an insert appointment and does not reschedule, the FOC will attempt to reschedule them and will notify the TC and PM so that we do not lose track of patients who technically “started” but have not begun treatment.
  Each day before end of day, the FOC should check the Insurance Filter in OrthoFi to complete any open claims for initial insert or bond appointments that day.
  - **Appliance Placement Video**

- **Insurance Payments**
  Most insurance EOBs and checks will go directly to OrthoFi; however for any that arrive to the office the FOC will be responsible for scanning them in and uploading into the insurance tab. All checks and cash should be given to the PM at the end of day along with the EOD paperwork.
  - **Insurance EOB/Payment Upload Process**

### Step 3: New patient arrives for initial exam appointment

The initial visit is the first time a new patient comes in for an orthodontic consultation. The FOC will welcome the patient and check the OrthoFi Dashboard to ensure all needed information has been collected. If any information missing ask the responsible part to fill out forms needed, verify insurance info if showing “orange” as well as verify the patient does not have insurance if they have a “grey” icon.

### Step 4: Initial exam

The FOC will hand off the new patient to the TC and inform of any new information gathered while speaking with them. If any insurance changes were made they will inform the TC- last minute insurance additions will be verified by OrthoFi immediately, usually within 30 minutes.

### Step 5: Contract Signing / Records appointment

- In the event a patient does not start treatment on the day of their consult, they will be sent home with contract documents so they can be prepared to start in the future. OrthoFi will email the financial contract to complete digitally either at home or when they come in for the start appointment. At this time, the informed consent paperwork will also need to be completed and scanned into the patient’s documents in the practice management system.
• Stand up and greet the patient/parent and welcome them to the practice.
• Present contract previously gone over by treatment coordinator and collect initial payment.
  o **Best practice is for the TC to contact scheduled starts 2-3 days prior to their appointment to ensure they don’t have any questions about the contract and to remind them to sign it so they can save time at the appointment. This ensures the patient is still coming to the appointment and helps address any questions prior to them arriving at the front desk.**
  o When at all possible, the patient should be taken to a private room or to the side of the front desk to sign the contract so it is a bit more private. NEVER say financials out loud at the front desk.
    ▪ For the informed consent portion on paper: “Alright Mrs. Jones, this is the same contract you previously discussed with our Treatment Coordinator. I’m going to have you initial and sign everywhere highlighted.”
    ▪ For the financial portion in OrthoFi on the Chromebook: (point to the slider with the default amounts, or if they previously discussed an amount this should be in the notes so that you can start with this) “This is your copay, did you decide if you want to go with the pay in full option or this monthly payment plan option?”
    ▪ If the patient wishes to further discuss financials this should be done as quietly as possible in the event that the TC or PM is not available to discuss them.

Disclosure Document Job Aid
Service Contract Job Aid

• Verify the paperwork is properly signed and completed and ask patient if they have any questions.
• For patients who are “starting” treatment with a scan or impressions you will need to schedule the patients banding/insert date and mark this in OrthoFi for the future insurance claim. If they are receiving braces that day, you will complete the entire insurance claim form using today’s date for the banding.

**Step 6: Treatment Status**
If the practice management software does not automatically update the patients treatment status based on the procedures performed, update their treatment status appropriately. Examples would include:
• Recall/Obs (Growth and Guidance)
• Pending ready
• Phase I
• Phase II
• Child comp
• Adult comp
• Invisalign

Incoming Referral
Intra-Office Referral

Early Termination/Discontinuation of Treatment
The patient/parent or the Orthodontist wants to end treatment for a variety of different reasons. The account will need to be prorated based on services rendered. The clinical staff will need take photos and x-rays on the patient. Always notify the representative managing your accounts when an early BR is to be performed so that the account may be prorated for services rendered and adjusted accordingly. A company approved deband consent form will need to be signed.

Patient Check Out
Patient Check Out Workflow

Financial Policy
Payments are all made through OrthoFi once a patient starts treatment. Payment plans, auto draft, credit card information is required during the initial contract start appointment. Changes to payment types, paying off portions, changing draft dates, etc. will all be completed in OrthoFi

OrthoFi is not a bank so decisions regarding the refund of a patient, discrepancies, etc. will be determined by the PM or RDO. While OrthoFi will contact patients as part of the collections policy, it is still to our benefit to reach out to patients with declined cards when they come in for appointments. The FOC will be in charge of updating a list of daily patients coming in who we need to ask for updated payment information.

Patient Ledger Job Aid

Locum Parentis (Legal Responsibility)
D4CDB policy requires that the patient’s legal guardian sign all original Medical Histories, Consent Forms and all compromise forms. The person who is responsible for the finances does not have to be the legal guardian and can sign the Orthodontic treatment agreement. However, the legal guardian has to be the one consenting to treatment.
Types of Payment accepted
We accept several forms of payment through OrthoFi. Parents or Legal guardians are able to pay with cash, checks, credit cards (including flexible spending accounts) and Care Credit.

How to Add a Payment Method

Credit Cards
We accept most major credit cards. The provided credit card can be used to post a balance right away.

Financing
We offer financing through an outside source to those who cannot pay the balance in full. A parent or legal guardian can apply for Care Credit. Check with the Practice Manager for details. When accepting Care Credit, please go through each of the necessary steps to post this form of payment. Care Credit does provide a web-based training for locations as requested and needed. Even when using Care Credit, you will need to post this in the patients OrthoFi account as well as through their website payment portal.

Cash
Cash payments will be posted in OrthoFi to the patients account and then the cash will be given to the PM to deposit along with checks and the EOD paperwork.

Check
The Parent or Legal Guardian may pay their out of pocket with a check made payable to the office. The check should be dated for the current date of service and posted that day. Hold checks are not accepted. Write the patient’s account number on the check as a reference. Checks will be posted in OrthoFi and then given to the PM to deposit along with cash and the EOD paperwork.

OrthoFi Collection Protocol
180 day collections protocol: Collections Protocol

End of Day
End of Day Summary

The TC will work with the FOC to complete the End of Day document to submit on the H drive. In some offices this is the responsibility of the Practice Manager; however, in all cases, the PM should check the end of day document for accuracy before it is placed on the H drive. Discuss with your PM the sections each department is responsible for completing.
Practice Strategies

Observation/Recall
Work with the Treatment Coordinator to ensure recall patients are contacted and accounts are notated. These patient recalls need to be worked daily, weekly, monthly and in any down time so that we are following up with patients that have already been in and may now be ready to start treatment.

- Obs/Recall - Patients are a little too young to get started (waiting on eruption, growth and guidance, rejected Phase 1 and waiting on comprehensive treatment)
- The FOC is responsible for calling all obs/recall patients that left the office without an appointment. The FOC should follow the below schedule for reaching out to these patients:
  - Weekly - Pull report in practice management software of any recall patients from the previous week who did not schedule - reach out to try to get to schedule
  - Monthly - Pull report in practice management software for current and following month patients who are due for a recall appointment - reach out to try to schedule
- The TC is responsible for following up with those patients who are Recall/Obs READY - i.e. the Orthodontist has noted they will be ready to start treatment at their next visit
  - Weekly - Pull report in OrthoFi for any Obs READY status and follow up to try to schedule any without appointments

Pending Ready Patients or Will Call Backs
These are patients that completed an initial visit and were ready for treatment but did not make a future appointment. The follow up of these patients is the primary responsibility of the Treatment Coordinator. However, the Front Office Coordinator will need to be able assist the treatment coordinator when the patient calls back to schedule. Responsibilities include removing the recall status if responsible party does not want to proceed, informing the treatment coordinator and notating the chart. Each morning the TC should log into OrthoFi and check their Follow Up tab for the day. Patients scheduled for that day are contacted through the process below. All should be completed and documented in OrthoFi. Notes of phone calls placed are documented in the Practice Management Software. Process for both recall and pending ready/will call back patients:

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- 1st Attempt via phone call within a week of the consult - If no answer, leave message and notate in the patients chart
- 2nd Attempt via email 2 weeks after initial call
- 3rd Attempt via phone call 1 month after initial consult - If no answer, leave message, and notate in OrthoFi and then change the status to REJECT TX and remove recall EXCEPT for Pending Phase II recalls.
  - If the patient answers and is not ready - always offer to follow up at a given future time and ask if that’s ok “I completely understand, I’d be happy to check back in with you in 3 months and just see how things are going. Would that be ok?”
  - If the patient has pending treatment or consults at other providers that needs to be completed prior to starting - continue to check in at regular intervals unless the patient says they will not be proceeding.

*In the case that the recall patient is very young the TC could always move recall date out 6 months and then reach out to the responsible party when the patient may be at a better age to start treatment*

*Always schedule next follow up in OrthoFi so you do not lose track of the patient!*