



Smile for a Lifetime Requirements for Treatment

_____ has been selected by the Board of directors of Smile for a Lifetime Foundation of Southeastern Wisconsin to receive free orthodontic treatment. Orthodontic treatment for the Southeastern Wisconsin Chapter of Smile for a Lifetime will be provided by certified orthodontist, Dr. Randall Moles of Moles Orthodontics.

Patient

Treatment Requirements

_____ and _____

Patient

Parent/ Guardian

must cooperate with and follow all the requirements for treatment. Failure to follow **all** requirements may result in dismissal from treatment.

- **Appointments:** Appointments will be scheduled by Moles Orthodontics and will be scheduled in the morning usually prior to 12:00 noon. Two (2) missed and unexcused appointments will be reason for dismissal from treatment. ALL appointments must be kept in order to achieve a successful result.
- **Oral Hygiene:** Poor oral hygiene (brushing & flossing teeth) will result in termination of treatment due to medical and dental health risks.
- **Cooperation:** Following eating rules will greatly reduce breakage of braces. More than two (2) loose brackets may be evidence that patient responsibility is not sufficient for continuation of orthodontic treatment. Patient must be responsible for maintenance of orthodontic auxiliaries including elastics (wearing rubber bands), wearing headgear and/or springs.
- **Positive Attitude:** All patients accepted into orthodontic treatment by Dr. Moles and the Smile for a Lifetime Foundation of Southeastern Wisconsin will be expected to maintain a respectful and appreciative attitude. Rude behavior or an unappreciative attitude **WILL** result in termination of orthodontic or dental care at the discretion of the provider.
- **Arbitration:** Any disagreements which may arise in the quality of care or expected result that are unresolved by direct communication with Dr. Moles will be resolved by the Peer Committee of the Wisconsin Dental Association.
- **Patient Transfer:** The Smile for a Lifetime Foundation has it's agreement with Dr. Randall Moles for orthodontic treatment. If a patient transfers to another orthodontist, the foundation is no longer responsible for providing continuation of care.

I agree to follow all requirements for treatment and understand that failure to follow all requirements for treatment will result in a dismissal from this program and treatment. I also understand that this agreement is in addition to the Informed Consent signed at the office of Moles Orthodontics.

Patient Signature: _____

Parent/Guardian Signature: _____

Witness Signature: _____ Date: _____