



INDIANA UNIVERSITY

SCHOOL OF DENTISTRY

Department of Orthodontics and
Oral Facial Genetics
IUPUI

Welcome to the Orthodontic Clinic at Indiana University School of Dentistry; we are pleased that you have chosen us for your orthodontic care!

We are in the process of examining people of all ages who may require some type of orthodontic treatment. From the patients evaluated, we will select those who best meet our teaching needs. Based on a patient's needs, they are treated either by a graduate dentist, who is studying to become an orthodontist, or by a dental student. All supervision is by licensed orthodontists. If your treatment needs or that of your child is not consistent with our teaching needs, you will be referred to private practice.

If invited to become a patient, it is important to understand the policies and regulations that are necessary to meet our educational mission:

- Clinic hours are from 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 5:00 p.m. daily
- Patients are usually seen one to two times a month.
- **We are unable to provide appointments only after school hours. It will be necessary for you to be available during school hours**
- For all appointments, you will be assigned a specific day of the week when the supervising instructor is available
- **A parent or legal guardian must be present for all appointments**
- It is unlikely that the dentist who initiates care will complete treatment, so it will probably be necessary to transfer care to other students or residents during the course of treatment
- Patients will be followed at least two years after removal of braces for the retention phase of their orthodontic care

Our faculty who are licensed in the State of Indiana and who have completed orthodontic specialty training in an accredited program closely supervise all orthodontic treatment. All treatment procedures will be performed using sterilized instruments. Infection control and prevention guidelines established by the government will be met or exceeded.

Patient compliance (cooperation) is very important for elective orthodontic treatment. Poor cooperation can result in increased length of treatment, a compromised outcome, and/or permanent damage to a patient's teeth. Keeping appointments, maintaining good oral hygiene, and complying with treatment requirements (headgear, removable appliance wear, elastics, etc.) are essential for achieving a good result in a timely manner. It is in the best interest of an uncooperative patient to be dismissed from treatment and have appliances removed, rather than attempting to continue treatment under compromised conditions.

1121 W. Michigan St, Room 201 Indianapolis, IN 46202-5186
Clinic (317) 274-8573 Fax (317) 278-1438 dsoofg@iupui.edu

Indiana University-Purdue University Indianapolis

Any combination of cooperation problems can be grounds for dismissal. The most common reasons to dismiss patients are:

1. Missing appointments (15 minutes late is a missed appointment).
2. Not rescheduling appointments for three months.
3. Poor oral hygiene.
4. Inadequate cooperation with treatment requirements (headgear, appliance wear, elastics etc.).

Fees for orthodontic treatment vary according to the age of the patient and the treatment needed. We currently offer conventional braces, lingual appliances, and aligners. Fees are usually one-third less than in a private practice. The following are the payment options available at **Indiana University School of Dentistry**.

ORTHODONTIC PAYMENT OPTIONS*

- Payment in Full at Time of Service**
 - Cash, Check, Money Order
 - MasterCard, Visa, Discover Card
 - FSA/TSB Credit Card, Insurance Credit Card (may require notifying insurance company in advance)
 - Indiana University employee payroll deduction contact 274-5304
 - On-line payment with credit card is available at any time, website <http://www.iusd.iupui.edu/payonline/default.htm>.
- Orthodontic Payment Plan**
 - \$900.00 down payment required
 - 24 monthly installments with no interest, \$50 finance fee charged
 - Future office payment plans will be considered only after current plan is paid in full.
- Payroll Deduction for IU Employees**
 - The same conditions are required as the Orthodontic Payment Plan (above), but monthly payments will be deducted from your paycheck.
 - If you leave the University, you will need to contact our office to make arrangements for your remaining balance.

If you have any questions regarding the financial options, please call (317) 274-5621.



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New Patient Application for Orthodontic Treatment

To be completed by the patient

Patient's Name: _____ Age: _____ Birth date: _____

Parent/Guardian's Name: _____ Birth date: _____

Address: _____

Telephones: Home (____)____ - _____ Work (____)____ - _____ Cell (____)____ - _____

How did you hear about us? _____

To be completed by the patient's general dentist *Acceptance into the program is based on the patient's tooth alignment and dental health.*

Chief Complaint: _____

Molar Classification: Class I Class II Class III

Overjet: _____ mm

Overbite: _____ mm

Crossbite: Anterior Posterior

Crowding:

Maxillary arch Slight Moderate Severe

Mandibular arch Slight Moderate Severe

Oral Hygiene: **Poor** **Fair** **Good** **Excellent**

Missing Permanent Teeth: _____

Dental Caries: _____

Remarks: _____

Printed Name of Dentist: _____ Telephone: (____)____ - _____

Address: _____

Signature: _____ Date: _____

Received	First Call	Second Call	Notes