

Removable Appliance Instructions

- Wear the brace all the time including meals, unless instructed otherwise by the orthodontist or therapist. **DO NOT** attempt to adjust the brace unless you have been told to do so.
- At first your speech will be affected. **DO NOT** take the brace out to speak to people otherwise this will never improve. Practice reading out loud etc. to improve your speech quicker. Your speech will be much improved within 7 – 14 days.
- Remove the brace for cleaning, contact sports and swimming.
- **NO** chocolate, sweets, mints, toffees, chewing gum, fizzy drinks etc should be consumed whilst wearing the brace. Water, milk and sugar free squash are best to drink.
- Avoid any hard foods such as apples, crusty breads/pizzas whilst wearing the brace.
- Brush morning, night (and after everything you have to eat). Remove the brace to clean your teeth and clean the brace with your toothbrush and toothpaste. Insufficient cleaning of your brace and teeth will lead to permanent damage. We advise the use of flouride mouthwash to strengthen the teeth, last thing at night after brushing the teeth. Always follow the instructions on the bottle.
- You may experience some discomfort when the brace is fitted or adjusted. If you need to you can take painkillers which you would normally take for a headache.
- Do not repeatedly click the brace in and out with your tongue. When not in position the brace is not working and this will extend your treatment time.
- If you notice that the brace is broken or not fitting properly, please telephone the Clinic as soon as possible.
- When the brace is not in the mouth, it should be placed in a protective box as there is a charge to replace the appliance if it is lost. A box can be purchased from reception.

Any specific instructions: _____

***You must continue to see your regular dentist for check ups
throughout your orthodontic treatment.***

Please contact the practice if you lose/break the brace or if you have any questions or concerns.

Please sign below to say you have read and understood the removable appliance instructions.

Date:

Patient Name:

Signature: