

Dear Patient,

We congratulate you on having patiently and successfully completed your orthodontic treatment with us ☺ After taking your braces off, we need to maintain the straightness of your teeth and your new smile. Teeth move naturally and to ensure that your teeth remain as straight as possible, we need you to wear your retainers as instructed below. Retainers are breakable, so treat them with care. **If retainers are lost or broken call us immediately, there is a fee of \$160 to replace each retainer.**

**Retainer Instructions:**

1. Wear your clear retainer(s) **all the time**, the first 6 months after removing your braces are crucial as your bone is still soft and possibility of your teeth moving is high. New instructions will be given to you at your 6 month review so please book in advance and bring your retainer(s) with you to that appointment.
2. Only take your retainer(s) out when eating or brushing your teeth and always put them in a case we provide you with. Don't place your retainer in your pocket or in a tissue as you may break it or throw it out unintentionally.
3. Clean retainer(s) very carefully and with little pressure to avoid possibly breaking them. Place it on a flat surface, hold it down evenly on either side, you may use your toothbrush to carefully brush your retainer then rinse it under cold water. Brushing retainer(s) removes the plaque, and eliminates odors.
4. Fixed retainer(s)/bonded wires are glued to the inside of your teeth and like braces, you have to be careful when eating hard and sticky foods or when biting into food as it may dislodge or break or the glue may come off. Initially, you may find it difficult to speak. You will get used to it the same way you got used to having your braces on. **Always bring your retainers to your appointments.**

Types of retainers you might have been advised to wear or use:



I have understood the instructions on retainer wear:

Patient / Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Patient phone: \_\_\_\_\_

Patient Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_/

Dentist Name: \_\_\_\_\_

Dentist Signature \_\_\_\_\_