

## **Michael Edward Hiller, DDS**

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## **RETAINERS AND RETENTION**

"Now that your braces are off..."

Congratulations, you've done it! Your braces are off and you have a super smile. Now it's time for you to wear retainers so you can preserve that hard earned and well deserved smile. You are now entering the retention phase of your orthodontic treatment, a phase which is just as important, if not more important, than the corrective phase you've just completed.

You need to wear your retainer(s) 24 hours a day, seven days a week, until instructed otherwise by Dr. Hiller. Failure to do so will result in relapse of your newly straightened teeth. You should remove your retainer(s) before brushing your teeth and before eating. It will take 3 to 7 days before you become fully adjusted to your retainer(s). At first, your retainer(s) will make your teeth sore, increase saliva flow, and interfere with your speech. Do not be alarmed! You will adjust to your retainer(s) as you did your braces.

Your retainer(s) need to be cleaned at least once a day. Soak your retainer(s) for 20 minutes in a solution of warm water and one **Retainer Brite**® tablet. Use your toothbrush, without toothpaste, to gently scrub the retainers(s) after brushing your teeth. Call the office immediately if your retainers(s) are lost, broken, or no longer fit as they did the day you received them. If you feel your teeth are not staying straight, schedule an appointment with Dr. Hiller as soon as possible.

Keep your retainer(s) away from all sources of heat. When your retainer(s) are not being worn, they should be stored in the plastic case provided, otherwise, you risk breaking or losing them. Never wrap them in napkins or put them in your pockets. Never place your retainer(s) where family pets or small children can reach them. You will be charged a fee to replace *each* lost and/or broken retainer.

Bonded retainers must be checked by your general dentist **every six months.** You will be charged a fee to repair/replace broken bonded retainers.

The appropriate fee(s) will be charged for any **orthodontic retreatment** needed due to improper retainer wear; erupting wisdom teeth, and/or unexpected jaw growth.

I have read and have had explained to me the above and I understand the contents therein.

(Patient)

(Date)

(Parent/Guardian)

(Date)

(Witness)

(Date)

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