



**Dr Matloga SDD [Orthodontist] Pr. No 0457973**  
**58 Market Str. Box 4728 Polokwane 0700**  
**082 391 3990/ 0152913462/2214**

[info@matlogaorthodontics.co.za](mailto:info@matlogaorthodontics.co.za) / [www.matlogaorthodontics.co.za](http://www.matlogaorthodontics.co.za)



Dear .....or the parent(s) / guardian(s) of.....  
 Thank you for choosing us as MATLOGA ORTHODONTIC PRACTICE for your treatment.

**The following important aspect of the treatment is brought to your attention:**

**1. Orthodontic Treatment stages**

Sessions/ Stages	Particulars	Method
1 <sup>st</sup> . General Examination Discussion of a Contract and important issues . About 2hrs	Take Contract home to read. Consent & Affidavit forms must be signed b4 the treatment starts.	Cash only
2 <sup>nd</sup> . Records taking, diagnosis, treatment plan, classification & treatment amount . Medical Aid pre-authorization . . Discussion of treatment plan	Pre-treatment records: X-rays (Radiographs), Photos (photographs) and Study Models.	Cash . Medical aid(MA) . Both
3 <sup>rd</sup> . Treatment (Bonding braces on teeth). . 3hrs for bonding . 18 to 30 months . 1 appointment per month	. Pay Whole amount at once b4 treatment starts. OR . Deposit 30% b4 the treatment starts & 70% per 24 months; Bond Braces on teeth; Once a month appointment for 18 to 30/12	. Cash . Medical aid . Both
4 <sup>th</sup> . Retention (Braces are removed) . Minimum 18 months . only 3 appointments	1. Fixed retainer and or removable retainers, post-treatment records 2. Post-treatment records (X-rays, Fotos and study models).	1. Cash only 2. Cash/MA/Both 3. Cash/MA/Both

Initials.....



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2. Following a thorough examination, a treatment plan will be set specifically aimed at treating your child's/ your main complaint. **Many factors**, however, come into play and some, such as **growth**, are difficult to control. Unusual growth patterns are biological processes beyond the doctor's control and may affect treatment or end results. The ideal result may not always be attainable because **inherited genetic factors** cannot be changed. The treatment plan may therefore have to be adjusted during the period of treatment.
3. Orthodontic appliances are delicate and **relatively expensive** in terms of **time & money** (see table above). Patients should therefore treat them with the **utmost care and respect**. Patients are classified into **Class I, II and III**, and sub-classified into **mild, moderate, severe and severe with complication**.
4. Any problem (breakages) must be reported as soon as possible in order to enable us to do the necessary corrections. There is a charge for replacing broken or lost appliances. Breakages are caused by chewing hard things and poor oral hygiene.
5. It is recommended that you have regular dental visits (at least **two (2) times a year** i.e. after every six (6) month) to maintain good oral health during and after orthodontic treatment, you **floss and brush** your teeth while looking into the **mirror three (3) times a day**.
6. Orthodontic treatment is seldom shorter than **2 years**. For treatment to proceed smoothly to a successful conclusion, the whole-hearted **co-operation** of patients and parent(s) / guardian(s) is essential. All instructions with regard to oral hygiene, diet, placing of elastic, handling of removal appliances or extra-oral traction must be **complied** with by the patient. To obtain the most from the appliance, **instructions have to be followed conscientiously**.
7. **Treatment period** is controlled by: severity of condition (simple vs complicated), the speed of tooth movement (slow vs fast), kept appointments (missing), following instructions or not and breakages.
8. Wearing of appliances makes cleaning of teeth more difficult, but healthy teeth and gums are important and will eventually determine the long-term success of the treatment. Excellent oral hygiene is necessary to prevent tooth **decay/ decalcification** around the appliance during and after orthodontic treatment. Initials.....



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9. Following active treatment, a **retention appliance** is worn to hold the teeth in their new positions. If such an appliance is not worn as instructed, the end result may not remain stable and the teeth will **revert** to their **original positions** and then require further treatment. This phase of treatment is very important and still part of the orthodontic treatment.

10. Should you be unable to keep an appointment, please **try to cancel** well in **advance** and at the same time make a new appointment? Orthodontic appliances must be checked and activated regularly and should the appointment not be kept, treatment time will be prolonged and malocclusion may even be worsened.

11. Please let us know if your **contact details change**.

12. The amounts to be paid will be **discussed** with you before we start the treatment. Basically you have to **pay** the **whole amount** before we start the treatment, or an alternative payment arrangement: 30% initial fee (deposit) the remainder may be paid in monthly instalments covering the treatment time (70% divided by 24 months) Up to **30** months, thereafter you will be **charged extra equivalent to your monthly instalment per month**). Should you decide to **terminate / stop** the treatment **before** the end /finish, you must **pay** the **treatment fee in full** as initially discussed, bring along an **affidavit** indicating that you decided to terminate the treatment against the Dr's advice.

14. Welcome to MATLOGA ORTHODONTIC PRACTICE. Our aim is to make your period of treatment with us as **pleasant** as possible; **cooperation from both the patient and parents** is the key to success.

Yours faithfully

.....

Date.....

Dr Matloga SDD.

Initials.....



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**TO ALL PARENTS/ GUARDIANS AND PATIENTS**

It is very important to follow the instructions otherwise treatment could take longer and become more expensive than originally quoted.

Do not eat hard crusty breads. Cut the crust off or hard pizzas. Rusk and hard biscuits should be dunked.

Cut up hard fresh fruits and vegetables such as apples, peaches, carrots etc. do not bite into them.

Chops, drumsticks and spare ribs must be eaten with a knife and fork, do not try and eat the meat off the bone.

If you eat biltong keep to the soft sliced variety.

Do not bite finger nails, pens or pencils.

Plaque must be removed three (3) times a day. A build up plaque can lead to **stained marks** on the teeth and even to tooth decay. Plaque also causes infection of the gums if left for only few days. A fluoride mouthwash should be used daily.

Instructions must be followed otherwise the teeth will not move according to plan.

Problems will develop if you do not follow this advice. Wires can be bent by hard objects and as a result teeth can move in the wrong direction. Brackets can be broken off causing incorrect movement of teeth. These problems can result in treatment time being lengthened and in extra costs being charged. If the number of breakages result in a significant increase in treatment time it might become necessary to renegotiate the treatment fee.

An increase in treatment time can also be expected if **appointments are not kept** on a regular basis. Late cancellation or failure to attend an appointment can also add to treatment time as it is often only possible to re-appoint some weeks later. A fee may be charged for failure to attend an appointment and of late cancellation.

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**PERSONAL PARTICULARS (PATIENT)**

Surname: .....Names: .....

DOB: .....M/F. ID: .....

Name and initials of parent /guardian: .....

ID (parent/guardian): .....

Postal address: .....

Occupation: .....Work address: .....

Tel (h) .....Tel (W).....Cell.....

Father's occupation.....

Workaddress.....

Mother's occupation .....

Work address.....

Residential address .....

**CONSENT FORM**

I..... ID ..... Myself/the parent/guardian.....hereby grant consent for dental treatment to be undertaken on myself/my child /my husband/my wife by MATLOGA ORTHODONTIST. I understand and agree to the nature and extent of treatment, and also understand and agree to the treatment as discussed with me.

Signature ..... Date.....

Witness..... Date.....

Witness..... Date.....

Initials.....



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**SWORN AFFIDAVIT**

Name: ..... ID: .....

Address: .....

Residence: .....

Fone: .....

E-mail: .....

**States under oath**

I.....  
.....  
.....  
.....

I know and understand the contents of this statement. I have no objection in taking the prescribed oath. I consider the prescribed oath on my conscience.

Deponent: .....

I certify that the above statement was taken by me and that this deponent has acknowledged that he knows and understand the contents of this statement. The statement was sworn to before me and the deponent's signature/thumb print/ mark was placed thereon in my present at .....on (date).....at (time).....

Commissioner of Oaths.....Date.....

Full Names and Surname in print: .....



Official Stamp