

# THANK YOU

**Thank you for being a  
patient at our practice.**

**...don't keep us a secret.**

Our practice is built on referrals, please tell your family and  
friends about us.

Congratulations, you have now completed your orthodontic treatment, all that time, effort and hard work has paid off. You are now the proud owner of a winning smile.

We would like to thank you for being a wonderful patient at our practice and we hope that you enjoyed your treatment time with us.

We know that there are lots of other patients like you who are considering orthodontic treatment. If you have the time, we would appreciate you completing the enclosed form and returning it in the self-addressed envelope. Your comments can help other people understand treatment before starting.

With your consent, we may use your comments, model photos and video testimonials on our Facebook page and our website, so keep looking on:

[www.david-gale.co.uk](http://www.david-gale.co.uk) and Find us on 

**David Gale, The Specialist Orthodontic Referral Centre**

**\*\*If you have had a good experience at our practice, we would be most grateful if you could leave a review on google:**



## What are Retainers?

- When fixed braces are removed, the teeth can quickly move back into crooked positions (relapse). The teeth need to be held in their new straight position while the gums and jaw 'firm up'. This is achieved by using *removable retainers* at nighttime for a few years.
- As adults get older, our jaws do continue to grow, and our teeth become more crooked as part of the normal ageing process. This still occurs following brace treatment, therefore long-term use of the retainers is recommended. The **LONGER** the retainers are worn, the greater the chance the teeth will remain straight.
- You must wear your retainers every evening and overnight for at least 12 hours in the first year after active treatment. If you are a teenager, then removable retainers must be worn every night until the age of twenty. Then removable retainers should be worn long-term at least three nights per week. However, it depends on the individual as to the amount of continual wear needed to avoid any movement of the teeth.
- **WARNING!!** The retainers are just as important as the braces, if they are not worn properly; the teeth **WILL** relapse toward their original crooked positions.

## Instructions for Use

The removable retainers should be worn for 12 hours (evenings and night) for the first year. The Orthodontist will review you in 3 months and then 9 months following treatment. After a year the

1. Wearing of the retainers may be reduced slightly to nighttime only.
2. Always place your retainers over clean teeth. Clean your retainers with a toothbrush once per day. Do not use toothpaste. To keep your retainers clean we do recommend using Retainer Brite. Never immerse your retainers in hot or boiling water, **use cold water only.**
3. You can have a drink of cold water, but you must remove your retainers if you want to consume anything else.
4. Be very careful with the retainers, they are easily lost and can get broken if not stored correctly (keep in a safe place in a rigid container).
5. At first, the retainers may cause more saliva in the mouth, but this will improve to normal after a few nights use.
6. To avoid breakage, always remove your retainers from the very back of your teeth. Should you grind or clench your teeth, you may experience breakages after a shorter period.

**If you have trouble wearing a retainer for any reason or it does not fit, contact the surgery as soon as possible.**

**\*\*\*Please note that if you lose or break the appliance charges will apply\*\*\***



**Result** after orthodontic treatment **Relapse** after orthodontic retainers were not worn.

**Remember: If you want to keep your teeth straight, you must wear your retainers as directed.**

***Retainers will eventually wear and tear and need replacing. The NHS will not fund the replacement of lost or broken retainers, and they will not pay for re-treatment if relapse occurs. There will be charges for replacements and re-treatment.***

## **YOUR ATTENTION IS DRAWN TO THE FOLLOWING**

The attached dental appliance is a “CUSTOM-MADE DEVICE”. Skill-Tech Dental Studio has manufactured this dental appliance to satisfy the attributes, characteristics, properties, and features, specified on the dental appliance prescription – by the prescribing clinician – for the named patient. This dental appliance is intended for **exclusive use by this patient and conforms to the relevant essential requirements** in Annex 1 of the Council Directive 93/42/EEC 14<sup>th</sup> June 1993 Concerning Medical Devices, enacted in the United Kingdom by the Medical Devices Regulations SI 1994 No 3017. **I understand fully all the instructions and the implications of not adhering to them. I have been given both written and verbal instructions about the care and use of my orthodontic retainers.**

# **Review appointment notice**

We will no longer be sending out review appointments. It is important that you are reviewed in retention. **Your next review will be due in 3 months.**

We would be grateful if you could contact the surgery nearer to this date to make your next appointment.

**\*\*Please bring your retainers  
to this appointment. \*\***

**Thank you.**

**DavidGale**

The Specialist Orthodontic Referral Centre

37 East Street, Fareham, Hampshire, PO16 0DF

Telephone: 01329 284 419 Fax: 01329 284 519

Email: [info@david-gale.co.uk](mailto:info@david-gale.co.uk)

[www.david-gale.co.uk](http://www.david-gale.co.uk)

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Member