



Patient Care Agreement

I, _____ understand that the therapy program I am beginning requires that I practice my exercises at home. I understand that the results I get from my Orofacial Myofunctional Therapy program are completely dependent on whether or not I do my exercises as instructed.

I know that if I practice my exercises **2 or 3 times every day** I will get **excellent** results.



If I practice my exercises once a day, I will get good results.

If I do not practice every day, I will not get very good results at all.

(initial)

Braces For All Ages Orthodontic Division does not have the capability to schedule or reschedule Myofunctional therapy appointments. If I can not attend one of my therapy appointments, I will directly reach out to my therapist via her **DIRECT EMAIL** as soon as possible to cancel and reschedule.



My Therapist is _____ her email is: **Bfaa** _____ **@gmail.com**

(initial)

Our Airway Division is typically in the office M-Th. If you send an email or call our division directly at (219) 706-9787 on Friday please expect a return email or call on Monday.



(initial)

I understand that I am to give a courtesy 24 hour notice when canceling or rescheduling appointments. It is my responsibility to reach out to my therapist DIRECTLY to reschedule. Our Myo appointments are typically booked 2-4 weeks out so rescheduling an appointment may result in delayed treatment.



(initial)

I understand that a missed appointment/No-show counts as one of my 12 Therapy sessions. Make-up sessions will be added to the end of treatment and an additional fee will be charged After 3 missed appointments, we reserve the right to terminate Myofunctional Therapy treatment.



(initial)

I understand that my therapist does not have the capability to schedule all of my Myo appointments during after school hours. We are happy to provide a school excuse for appointments during the school hours.



(initial)

Your time is very important to us! We want you to be seen on time when you come in for your appointment. We have a late patient policy that if you are more than 10 minutes late we will have to reschedule your appointment. This helps prevent our schedule from running behind and keeping each therapy session running on schedule.



(initial)

I understand that the actual treatment time period can range from about 6 to 9 months, with the occasional exception of having the treatment on hold due to the timing of Orthodontic treatment (if my Orofacial Myofunctional Therapist feels a hold is necessary). If there is the need to extend treatment time beyond the original estimate due to patient participation, additional fees may be assessed on a per session basis.



(initial)

If I decide to terminate treatment I understand that I will not receive compensation for the uncompleted sessions.



(initial)

I want to make this therapy work and be successful, and I know I can do it. I am committed to trying my best!

Sign & Date Below

Patient or Guardian

Date



Witness

Date



Appointment Compliance Contract

Our program includes 12 sessions because we have found that is typically the proper amount of time needed for the patients to learn proper tongue positioning and function. This structure also enables them to make these habits last. If a patient does not complete the 12 sessions their results will not be as great or as long lasting. Your contract includes 12 sessions with your Orofacial Myofunctional Therapist as part of your Orthodontic Treatment.



I understand the importance of completing all 12 sessions of the program and acknowledge that my Orthodontic Contract includes 12 sessions only.

(initials)



I understand that I am to give a courtesy 24 hour notice when canceling any scheduled appointments.

(initials)



Failure to show up to an appointment will count as 1 of your 12 sessions. I understand that if I no-show a scheduled Myofunctional Therapy appointment that it will be counted as one my sessions. If a session is missed it will need to be made up at an additional fee and added on to the end of treatment. If more than 3 sessions are missed, we consider that a non-verbal termination of treatment.

(initials)



The results of the Orofacial Myofunctional Therapy program are completely dependent on whether or not the patient does their assigned exercises. If the patient does not participate in practicing their exercises at home we will not be able to progress to the next set of exercises which will delay treatment and additional sessions will need to be added on.

(initials)



If additional sessions are needed to be added due to lack of participation or to make up a session that the patient failed to attend, a fee of \$100 will be charged per additional session.

(initials)

Sign & Date Below

Patient or Guardian

Date



Witness

Date