



Luff Orthodontics, LLC
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Patient Cooperation Agreement

In order to obtain the best possible results in my orthodontic treatment, I <<PatientFullName>> understand that my cooperative efforts are just as important as the efforts of Dr. Luff and his staff. The doctor provides the treatment plan, but I am responsible for following his instructions so that I may have beautiful, healthy teeth that last a lifetime. I will have done my part when I have taken responsibility for the following:

1. Clean Teeth and Tissues

I will clean my teeth and tissues properly after each time I eat or drink anything and just before bed. I will continue to have regular cleaning appointments at my dentist's office and will call to schedule ahead of time to have the wires removed before the cleaning and reinserted afterwards.

2. Wearing Appliances

I will wear my elastics or other removable appliances faithfully as directed by the doctor and staff. I will wear my retainers at the end of active treatment. I understand that failure to do so could result in unwanted tooth movement.

3. Care of Appliance(s)

I will not eat any foods or get involved in any activities which will damage my appliances and delay my treatment. I will call the office if I have something broken or loose.

As an orthodontic patient receiving treatment in the office of Dr. Luff, I agree to cooperate by following all of the above instructions.

Patient's Signature

<<LetterEnqueueDate>>
Date

Practice Representative's Signature

<<LetterEnqueueDate>>
Date