

My Commitment to a Healthy, Beautiful Smile!

I really do understand how important it is to keep my teeth clean during my orthodontic treatment. I'm looking forward to the challenge!

Between visits, I will use the tools and products you are giving me to:

- Brush at least twice a day for at least 2 minutes each time.
- Floss at least once a day.
- Use the rinse as directed.
- See how I rate on my Score Your Smile Card.

I will also try to make smart food choices and not do anything that might damage my braces.

Patient's signature*

Parent's or guardian's signature—if applicable*

My Commitment to Your Care

I have gone over your personal Crest® + Oral-B® OrthoEssentials oral health program plan with you. At each visit, I will let you know how well you are doing.

If you ever have any questions about your oral health program or your braces, please be sure to ask someone at our office or visit the site designed just for you, oralb.com/ortho. We want to help you get that healthy, beautiful smile and have fun doing it!

Orthodontist's signature*

*This is not a legal contract.

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