

## CREST® + ORAL-B® iO™ ORTHO ESSENTIALS SYSTEM FOR PATIENT HOME CARE

By recommending a Crest+Oral-B home care regimen with in-office treatment, patients can experience excellent results while going through aligners treatment, and your office can benefit from increased revenue and the operational impacts of healthier, happier patients.



**Crest® + Oral-B® iO™ Ortho Essentials System**

### Oral-B® iO™ Features & Benefits:



#### Round Brush Head

- ✓ Superior Cleaning vs. Manual
- ✓ Irresistible Brushing Experience



#### Personalization

- ✓ Customized Cleaning
- ✓ Better Compliance



#### Concentrated Energy

- ✓ Smooth, Effective Clean
- ✓ Quiet Brushing Experience



#### Brush Tracking with Oral-B® App

- ✓ Guidance to Better Brushing
- ✓ Whole Mouth Coverage



#### Smart Pressure Sensor

- ✓ Advanced Gum Protection



#### Targeted Clean Brush Head

- ✓ Cleaner Orthodontic Appliances

### Steps to Incorporate:

- 1 Each aligners treatment plan should be accompanied with a recommendation for home care. Patient can purchase a specially designed Crest® + Oral-B® Ortho Essentials Toothbrush System to help with at home oral health care.
- 2 Present electric toothbrush system as a home care regimen that is integral to the success of the treatment & demonstrate key features and benefits including the Oral-B® Targeted Clean brush head for hard to reach places.

### Discussing with the Patient:

Johnny, now that you are starting aligners treatment, I'd like you to start using this electric toothbrush as a routine part of your oral home care process to help ensure a more predictable outcome with the treatment we are going to provide.

This home care regimen is included in your treatment plan because what you do at home is just as important as what we do here in the office. This is the same toothbrush I use at home, so I've seen the impact this toothbrush can provide firsthand. The best part is that the toothbrush guides you to use proper brushing techniques. Let me walk you through the features.

### Patient Resources:



[oralb.com/resources](https://oralb.com/resources)

# ALIGNER TREATMENT PROGRAM

Patient:	
Birthdate:	
Chart Number	
Provider:	

DATE	DESCRIPTION	TOTAL CASE FEE
	Aligner Treatment Fee	
	Oral-B® iO™ Electric Toothbrush Home Care System	
	<b>TOTAL TREATMENT COST</b>	
	Estimated Insurance Coverage	
	<b>TOTAL PATIENT RESPONSIBILITY</b>	

## INSURANCE PROVIDERS

Primary	Secondary

## FINANCIAL SUMMARY

Net Patient Share	
Patient Down Payment + Home Care System	
Recurring Payment Balance	
# of Months	
Monthly Payment Amount	