

April 11, 2003

Harvey X.  
11111 Greatcrest Road  
Potomac, MD 20854

Dear Harvey,

It was a pleasure meeting with you last week to review your treatment plan. Below I have outlined in detail the steps required to restore your dentition to health. Harvey, you are a 48-year-old male in very good health. You take Lipitor for your cholesterol and are allergic to codeine. Your dental history includes previous amalgam restorations, a root canal treatment on your lower right first molar (#30) and some existing crowns. Two of the crowns have defective margins: the upper right and lower left first molars (#3 and #19). Your periodontal condition is good and your temporomandibular joint responds within normal limits.

Your bite relationship is Class I with a deep overbite. There is a 2 mm shift between centric relation and centric occlusion. Your upper left front bicuspid (#12) is rotated 30 degrees and your lower left first bicuspid (#20) is moderately tilted toward your tongue. You exhibit moderate crowding in both arches.

Harvey, your chief concern during the initial consultation was that your front tooth felt loose. Upon X-ray examination I observed a horizontal fracture in tooth #8 (your upper right central incisor – the tooth that sticks out), approximately 4 mm below the cemento enamel junction (the gumline area). The tooth exhibited normal mobility but revealed all signs of a horizontal fracture. We reviewed your options and developed the following treatment plan, broken down into phases:

I. INVISALIGN TREATMENT.

BG

I have chosen the Invisalign system to straighten your maloccluded teeth. Although your smile will look much better, the primary purpose of this orthodontic procedure is to stabilize your bite. The poor position of your teeth has resulted in moderate to severe premature wear. The prominent positioning of your front tooth (#8) probably contributed to the horizontal fracture of its root.

I anticipate about 7 months treatment on your upper arch and 15 months treatment on your lower arch. Harvey, you will need to wear the appliances 22 hours a day. Most people experience a slight lisp for the first few days then function normally.

At some point during your Invisalign treatment, your horizontally fractured front tooth #8, may come loose or come out. Dr. Robert Emery and I have prepared for this contingency as follows:

1. I have made a transitional partial denture (flipper) for you, which can be used in case of an emergency.
2. I have purchased a pontic (tooth replacement) system for your Invisalign aligners. I will be able to place an artificial tooth in the aligner during the active phase of your case.
3. Dr. Emery is ready to extract the remaining root tip and place an implant if the need arises.

Ideally Harvey, the tooth will stay together for the entire Invisalign treatment. But we are prepared to fill the space if it is lost during the first week.

Please note that I will also whiten your teeth over the course of the Invisalign treatment.

II EXTRACTION & IMPLANT PLACEMENT #8. RWE

As discussed, Dr. Robert Emery will extract your fractured tooth #8 and place a single tooth implant fixture in the site. He may be able to accomplish this immediately or may have to allow the bone to heal before placing the implant. After the implant is placed I will restore it.

III RESTORATIVE TREATMENT. BG

If possible, I will perform an immediate loading of tooth #8. That is, I will place a transitional heat cured lab fabricated crown for a period of 3-6 months. This temporary crown will function like a real tooth. You will be able to maintain it as if it were a natural tooth. During the transitional crown phase, I will replace defective crowns on teeth #14 and 19. Both have open margins and are in need of attention. Finally, I will place a permanent crown on #8 and possibly place porcelain laminate veneers on teeth #7, 9 and 10. We will perform this after you have straightened and whitened your teeth. This procedure will place your top front four teeth in the proper proportion with the rest of the teeth in your arch. I can assure you that the veneers will not cause the teeth to appear too large. I will be able to correct the size discrepancy of your small lateral teeth at the same time I fabricate your implant crown. You also have some other small older restorations that may need replacing in the future but I do not anticipate that at any time soon.

IV MAINTENANCE PHASE

After completing your restorative treatment I will fabricate a nightguard and/or retainer appliance. The purpose is to provide stability and maintain your smile. I anticipate that you will need to wear the appliance nightly.

Harvey, I expect the fee for treatment in my office to be approximately \$8,000. This fee includes all provisional crowns, core build-ups, restorations, Invisalign and postoperative occlusal appliance (night guard). This fee does not include any other dental treatment, although I do not anticipate any other treatment to be necessary.

This fee also includes any related procedures necessary for a period of one year after we complete your treatment. Clinical studies have shown this to be a safe amount of time to identify any latent problems that may exist.

Page 3.

Harvey, you have paid to-date \$833 of the total fee and you have made arrangements to pay monthly \$833. My financial coordinator, Carla Mahieu, will gladly assist you should you have any financial concerns. My goal is to provide you with the best dental care and quality of service while making treatment affordable.

I can assure you that at the end of this scenario, you will have both the comfort and confidence you have sought to restore your smile.

Sincerely,

Brian Gray, DDS

Copy to: Robert Emery, DDS