

RECORDS



OVERVIEW

- PHOTOGRAPHY
- CONSENT FORMS
- SCHEDULE & NOTES
- INVISALIGN
- STAFF DUTIES



THANK YOU TO MY SPONSOR



GREAT PHOTOS

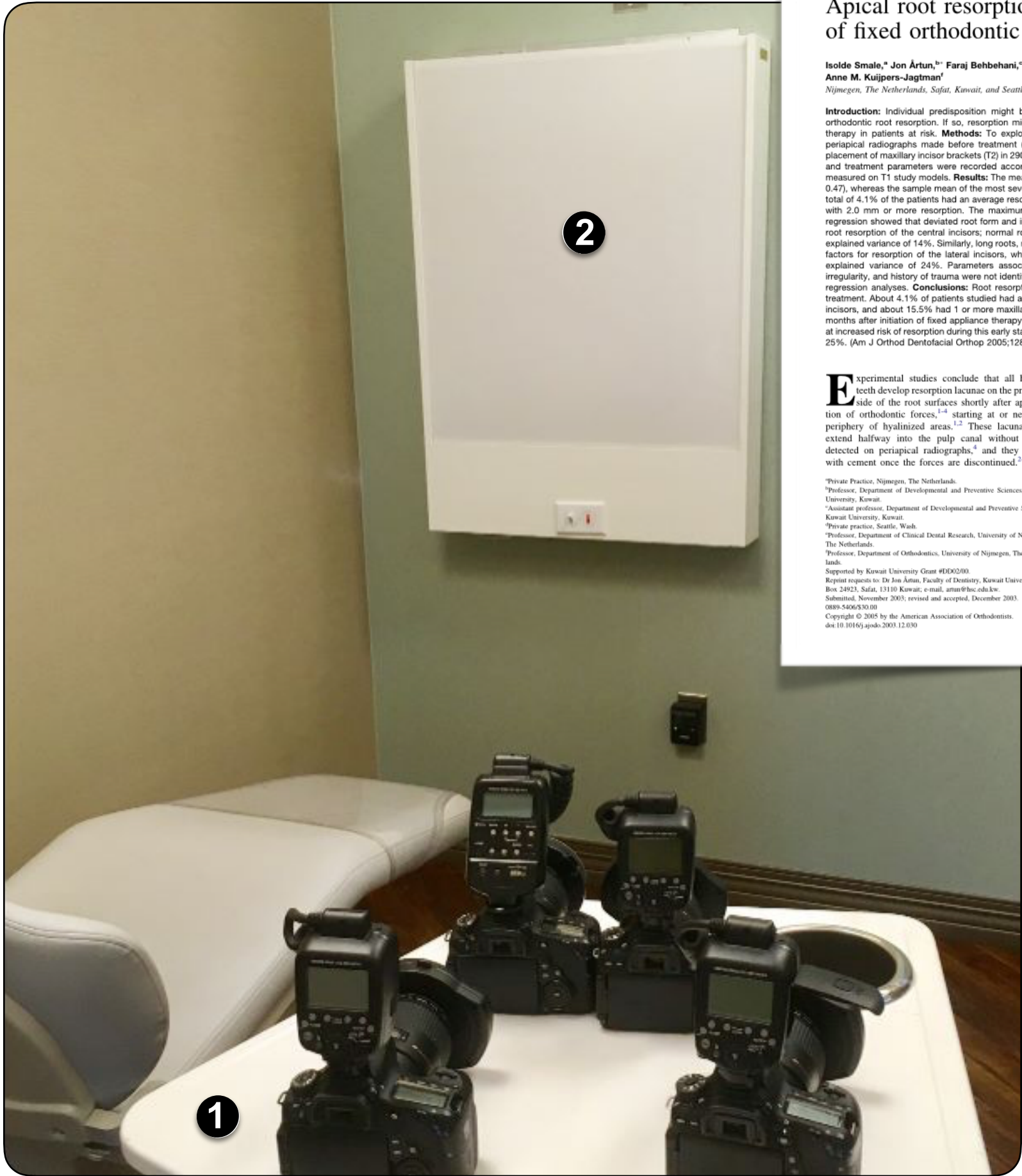




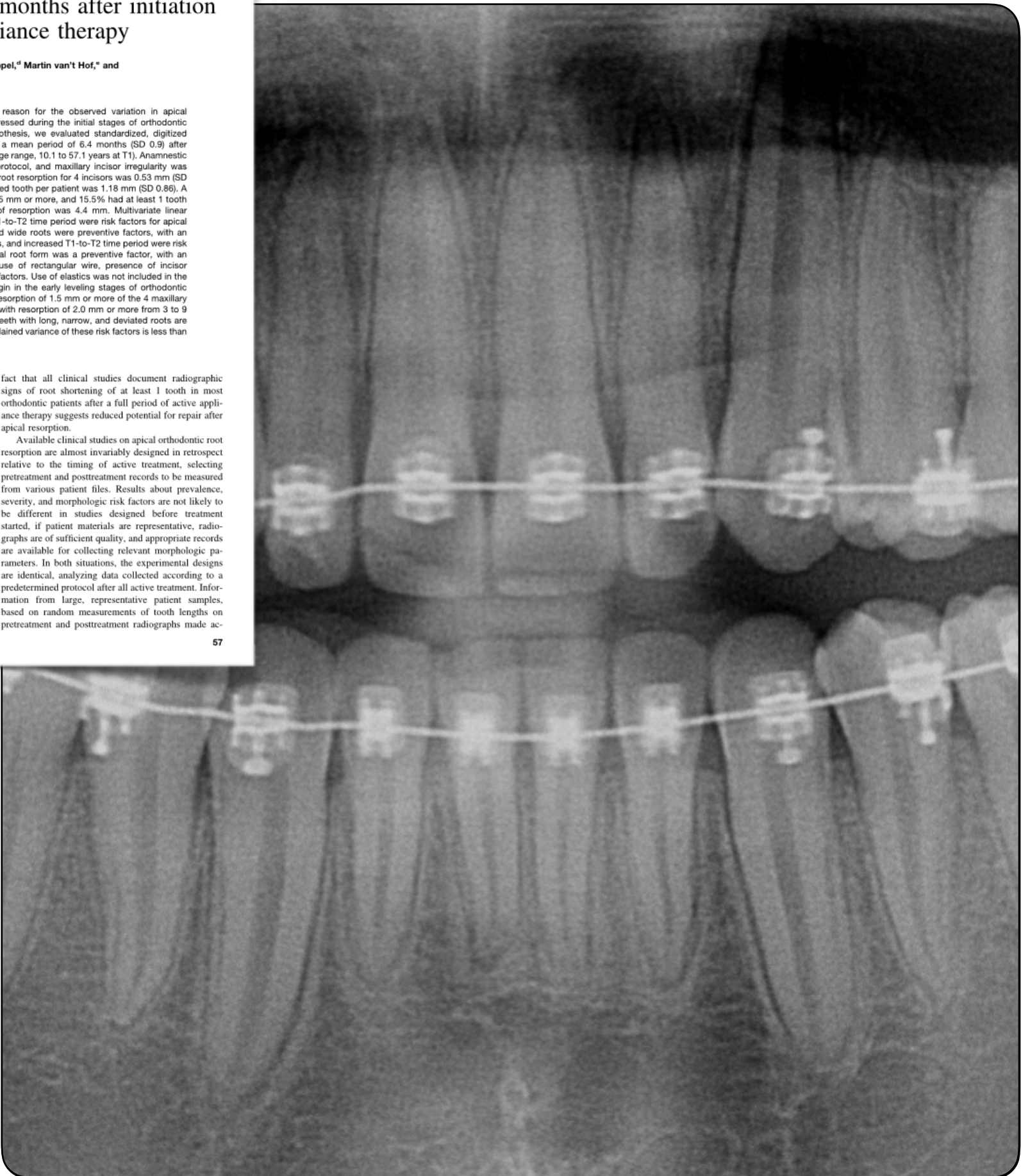
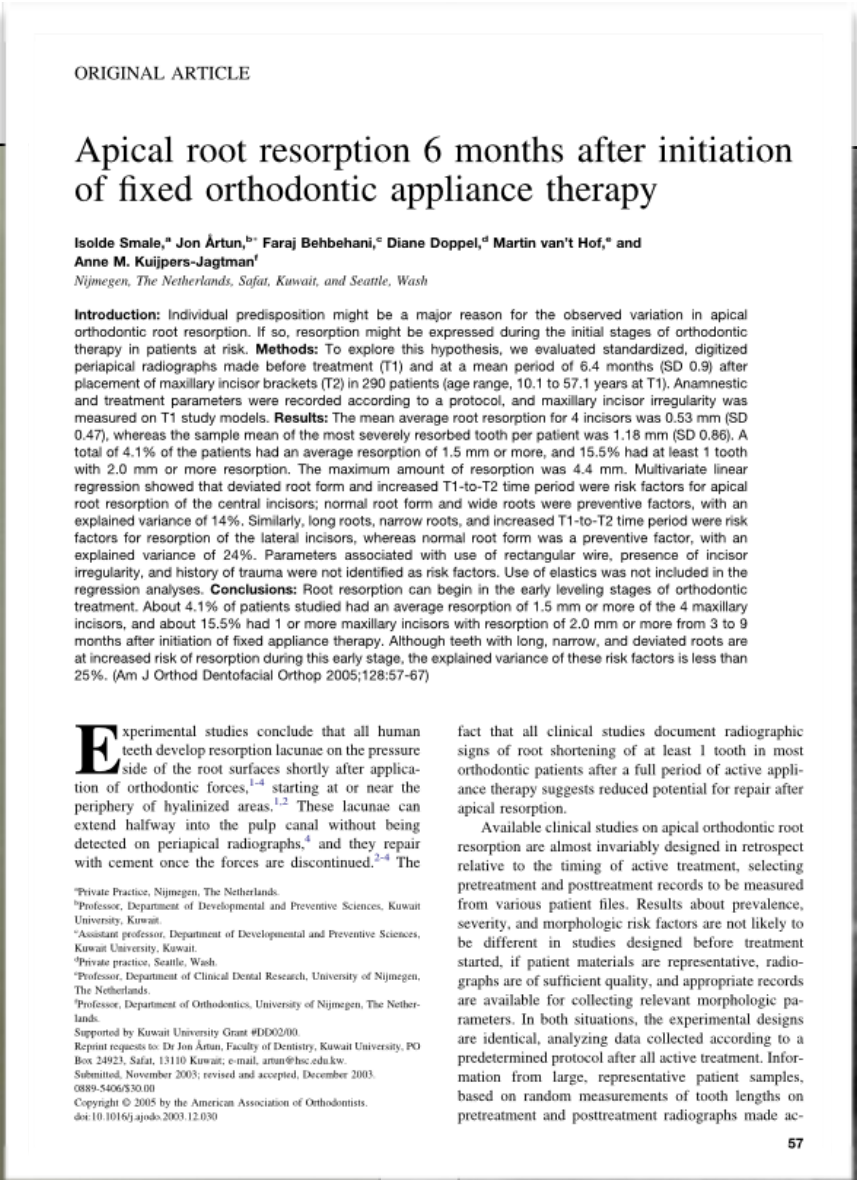
RECORDS EVERY 3 VISITS



PHOTOGRAPHS + RADIOGRAPHS



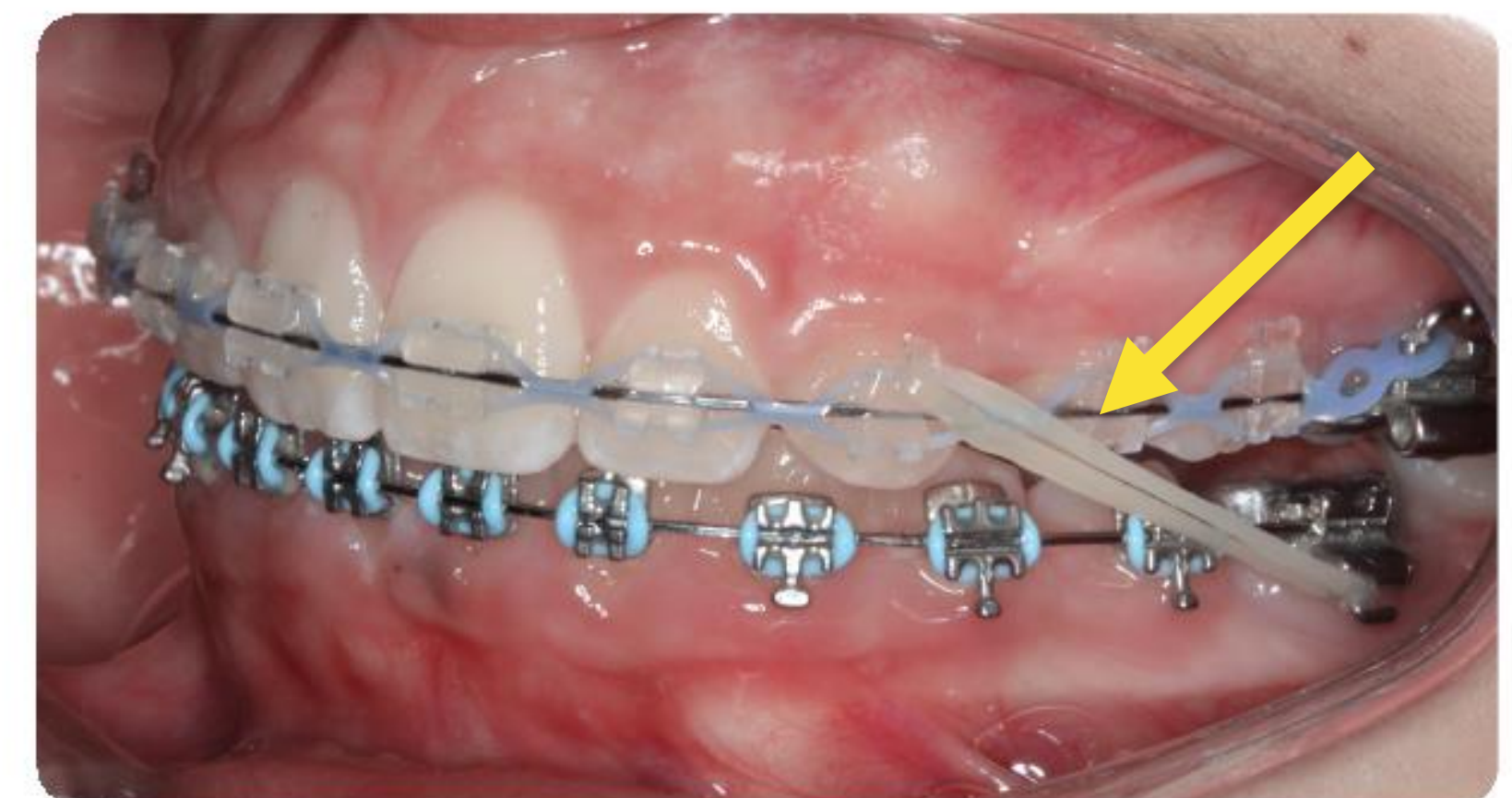
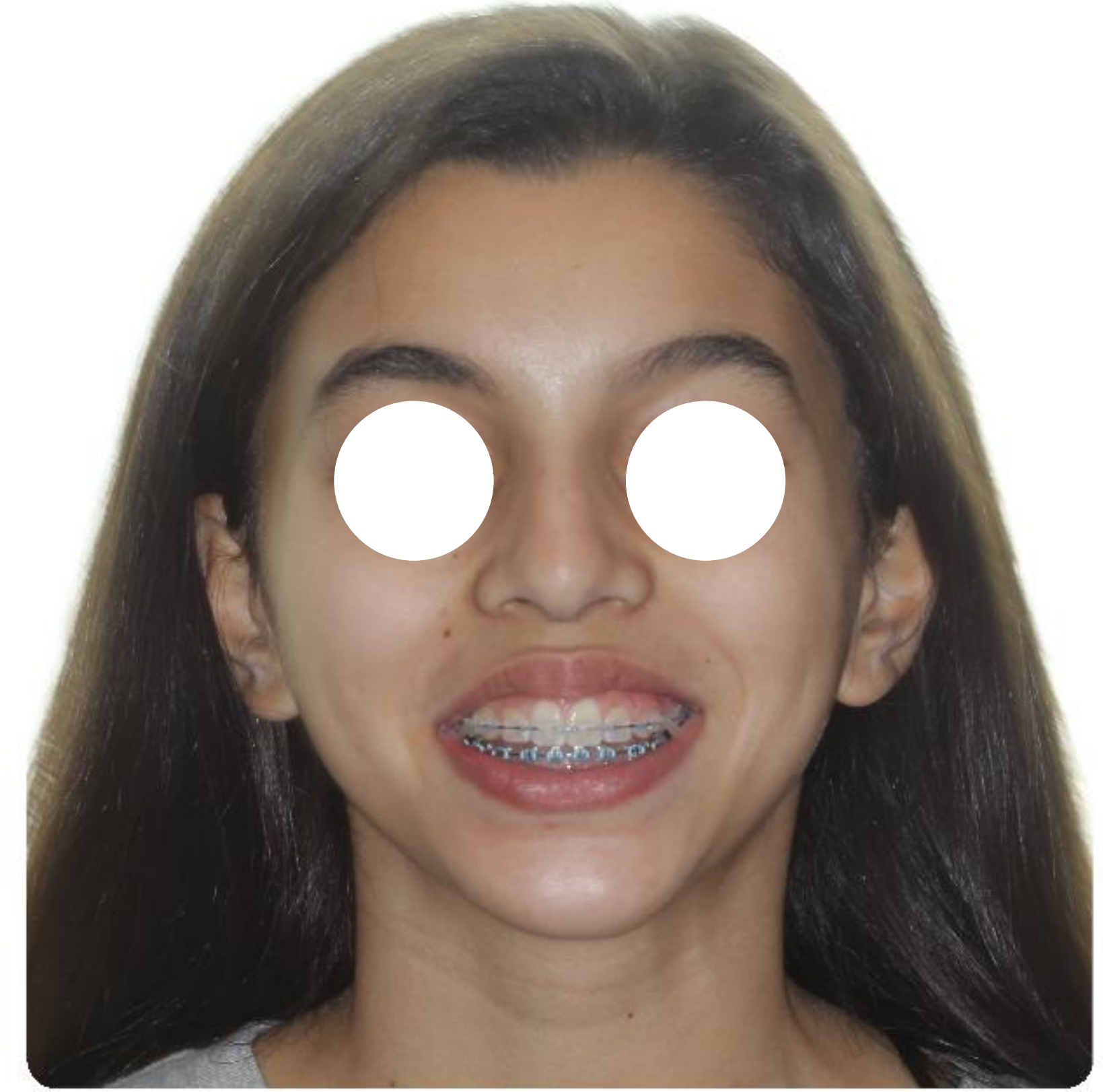
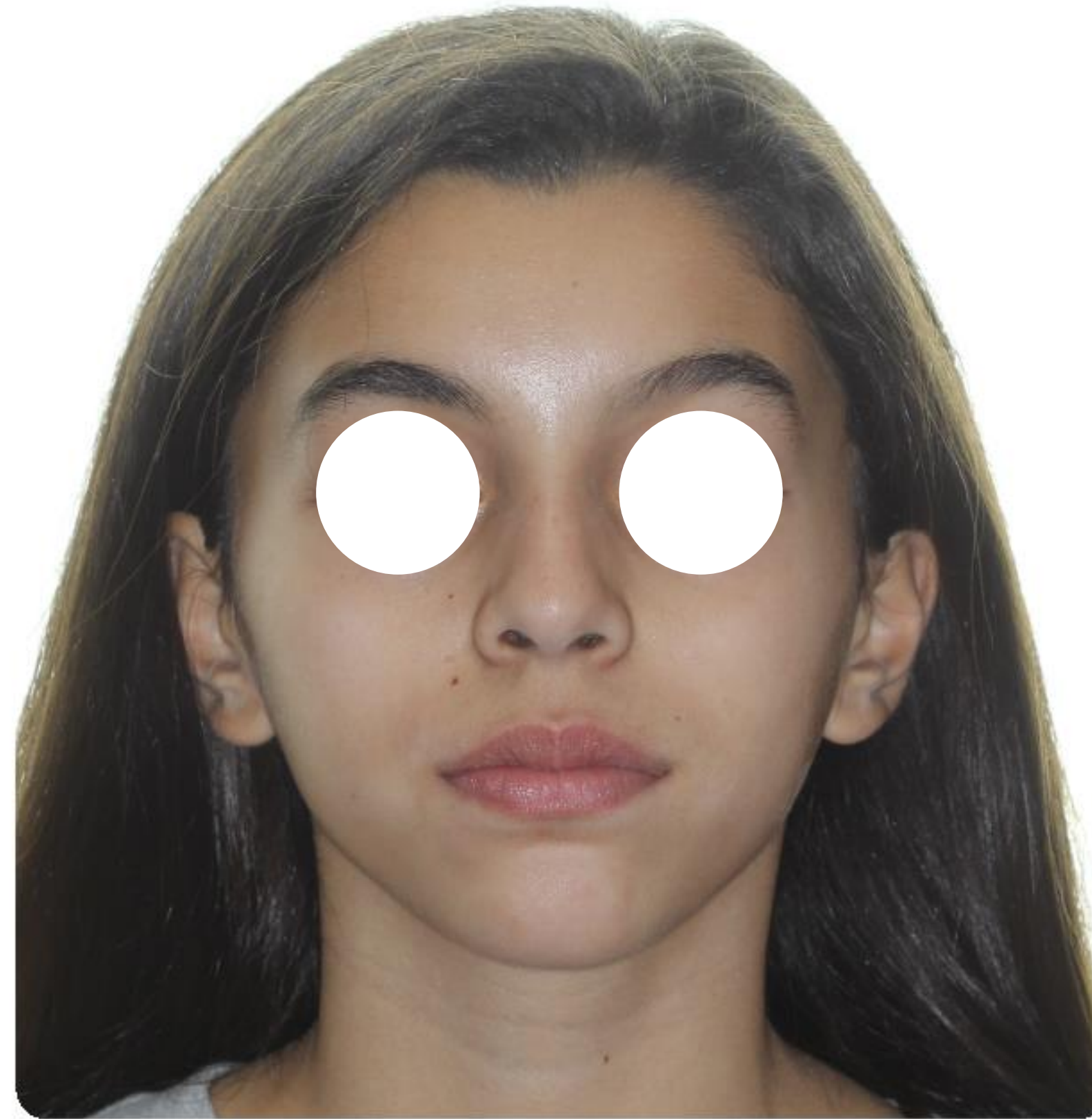
- 1 CAMERAS FOR EVERY ASSISTANT
- 2 SLAVE LIGHT FROM CLINIPIX

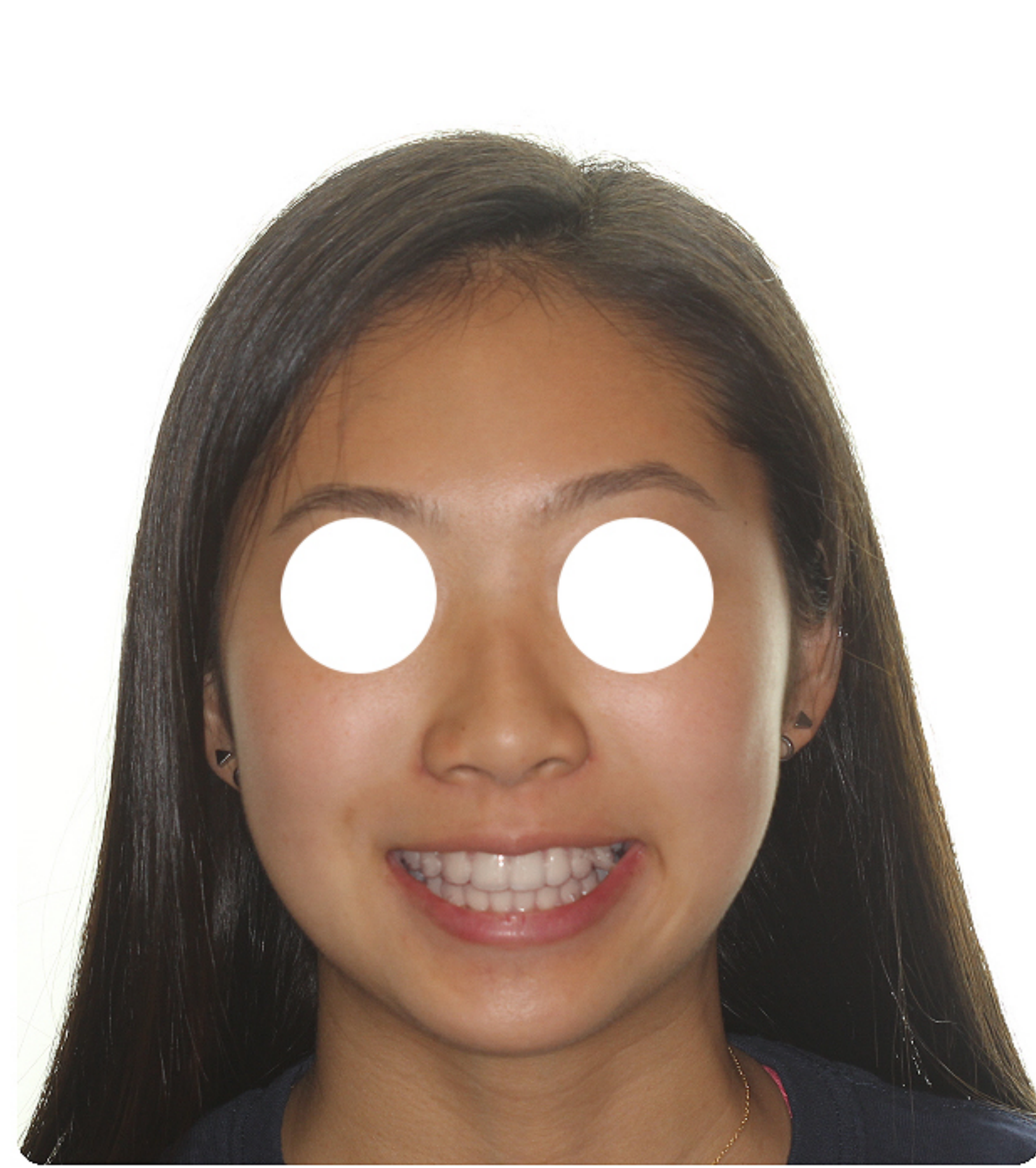
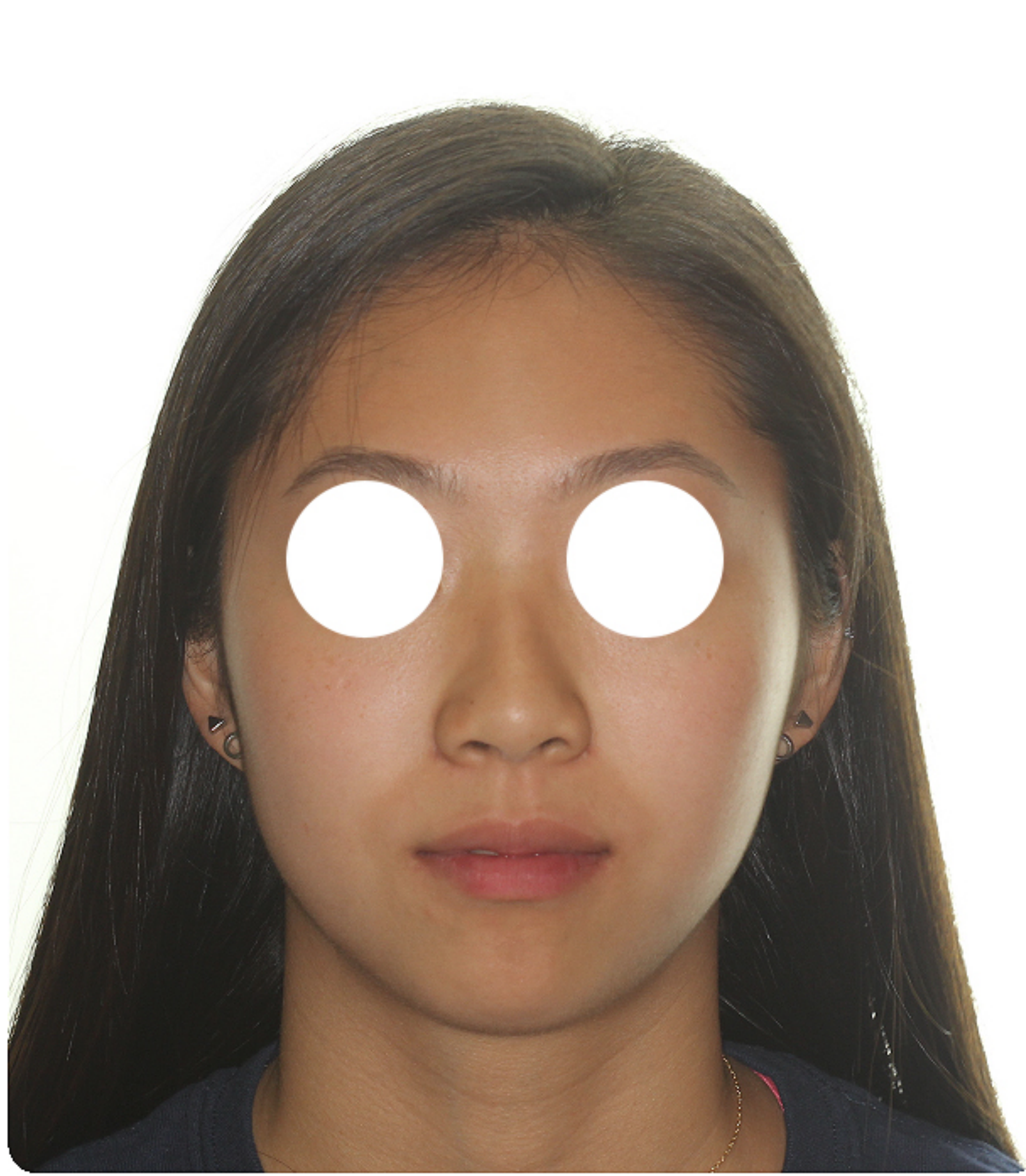


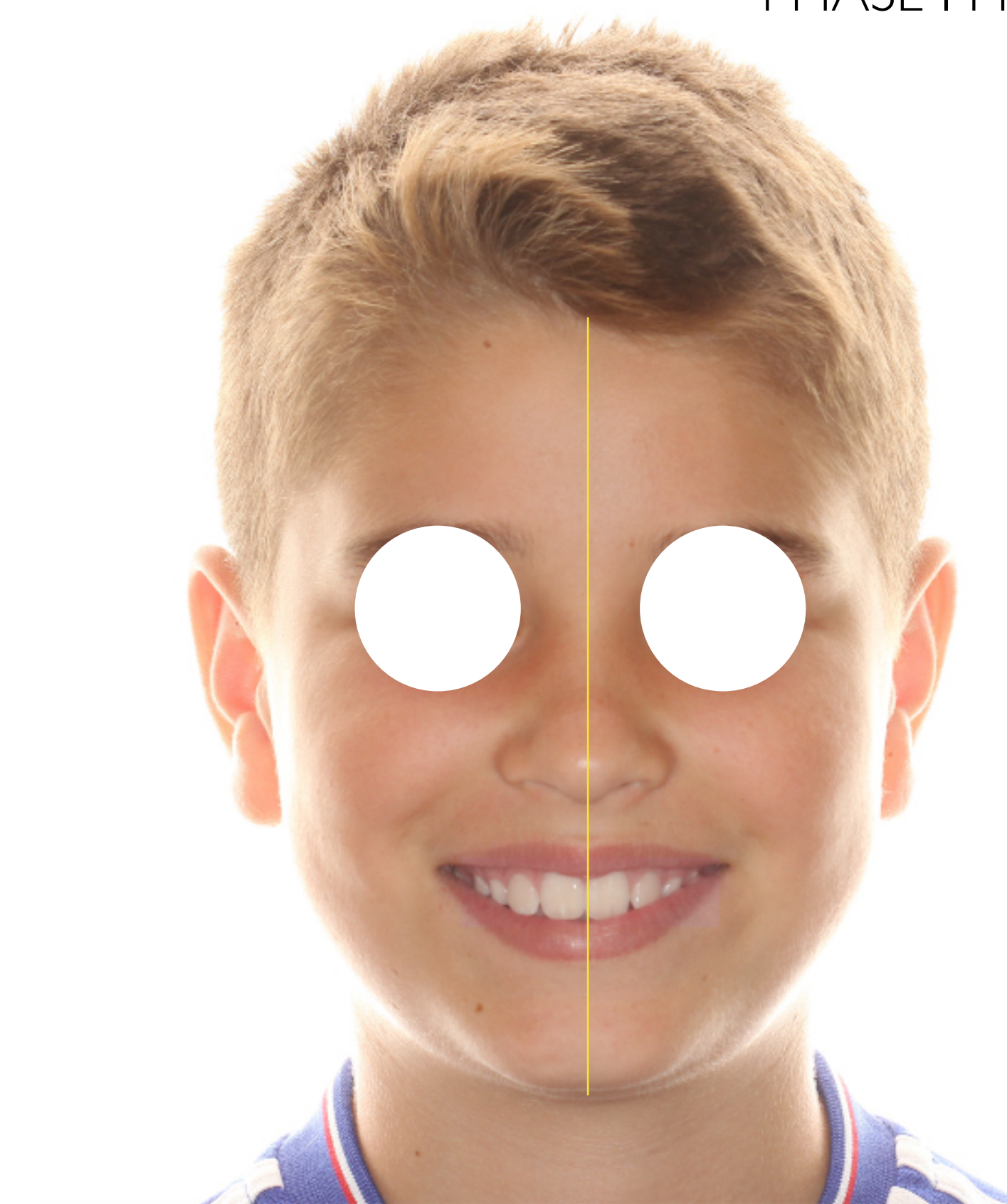
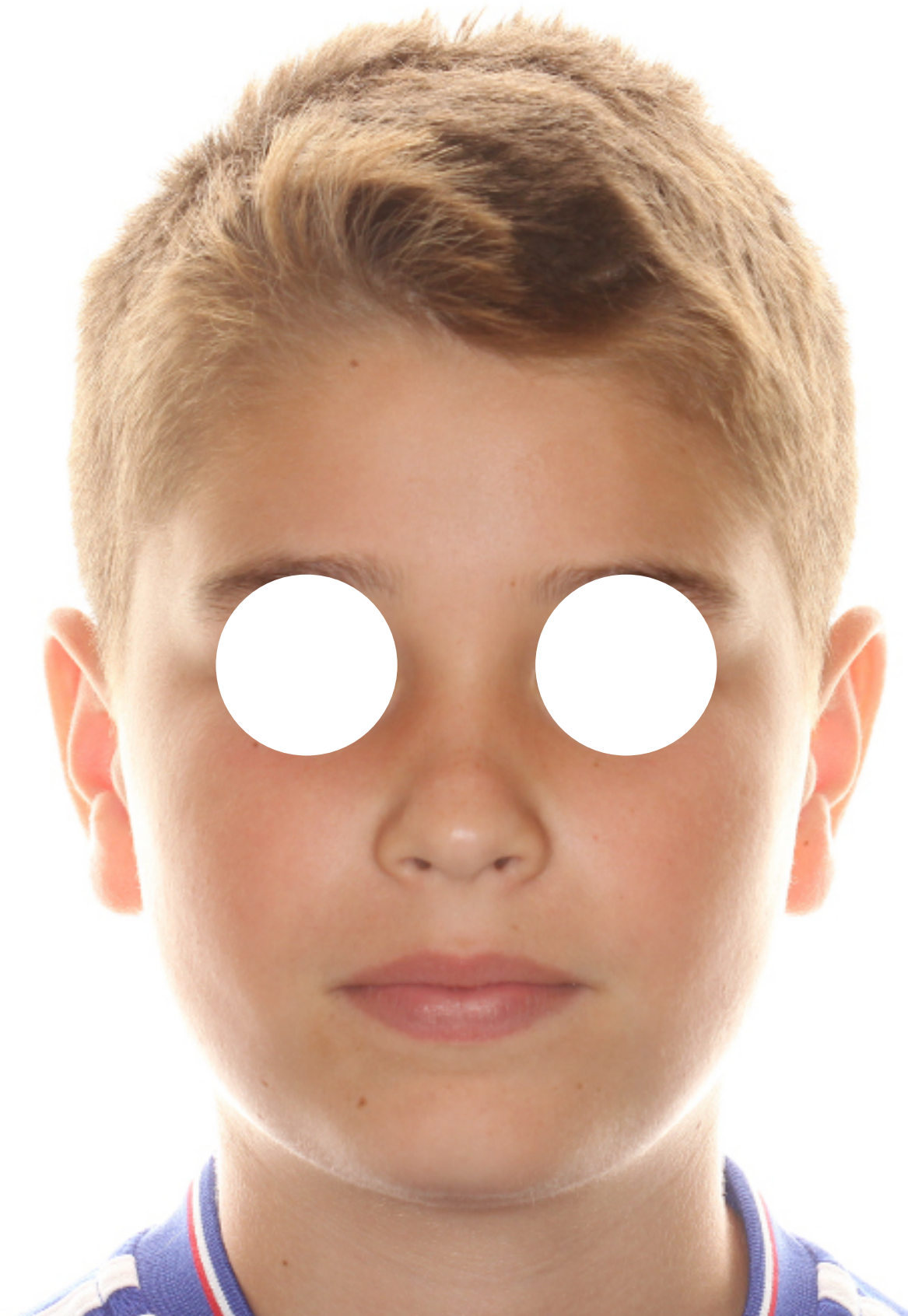
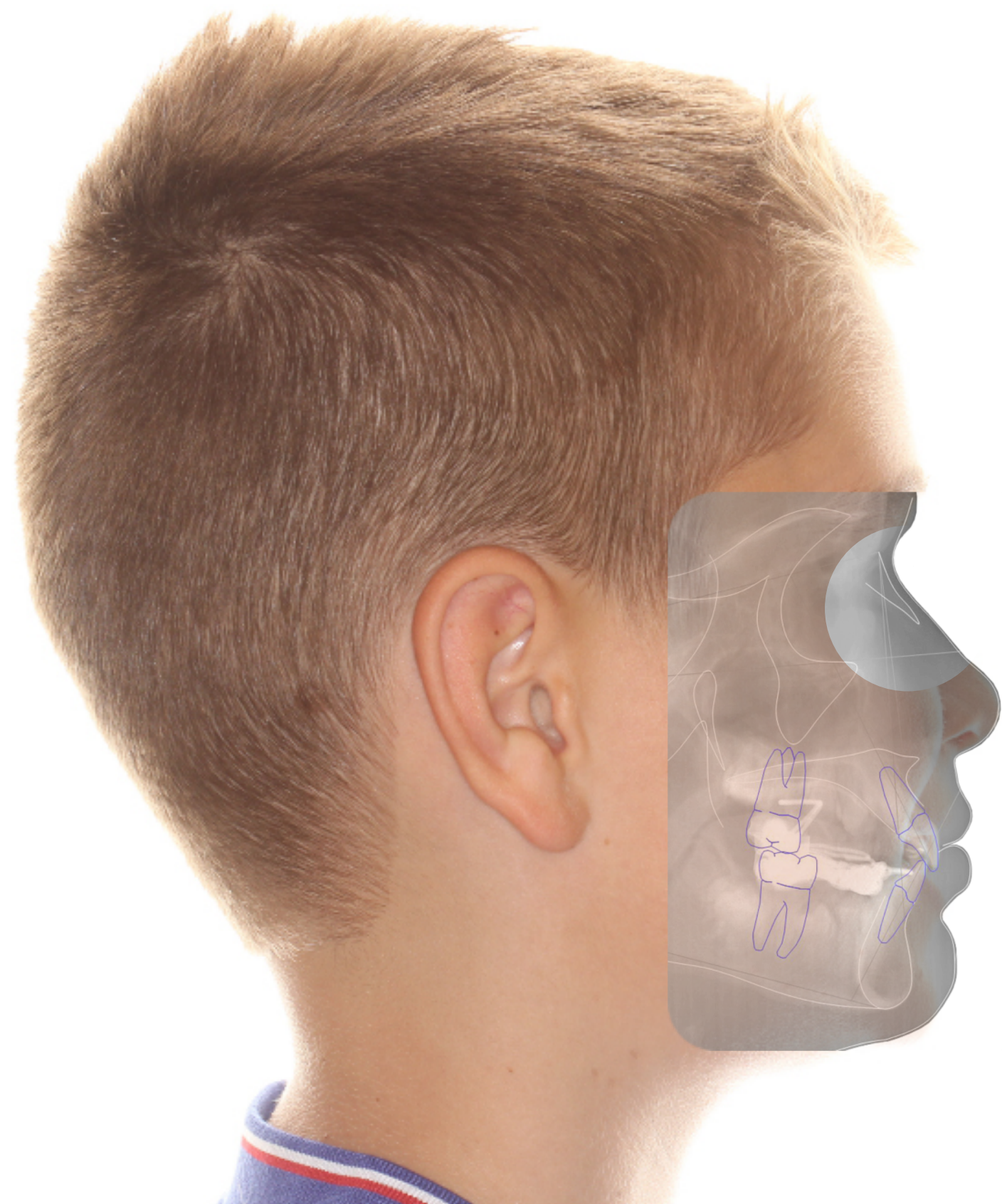
- 3 LED PANEL FROM CLINIPIX

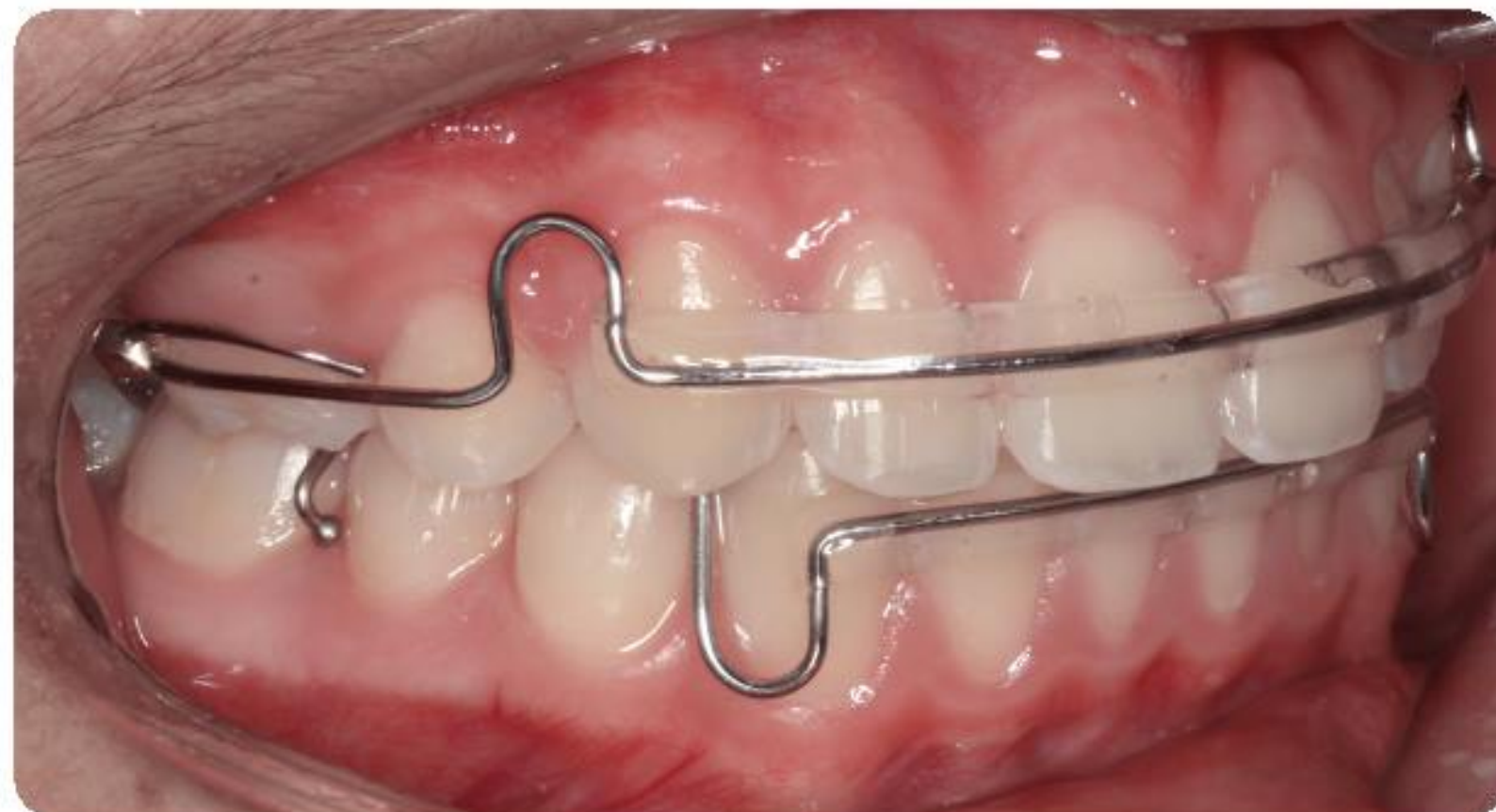


- 4 BRUSH THEIR TEETH YOURSELF







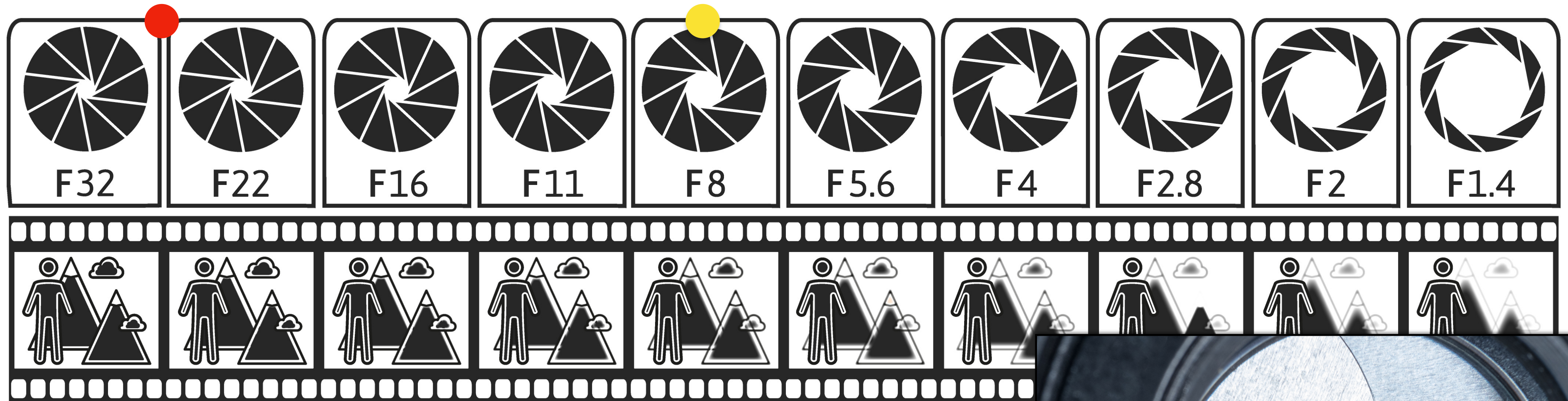


CANON 70D
Flash: M 1/2
F/Stop: 7.1 or 25
ISO: 200

F-STOP (APERATURE)

THE LOWER THE NUMBER THE MORE LIGHT IS LET IN

APERTURE



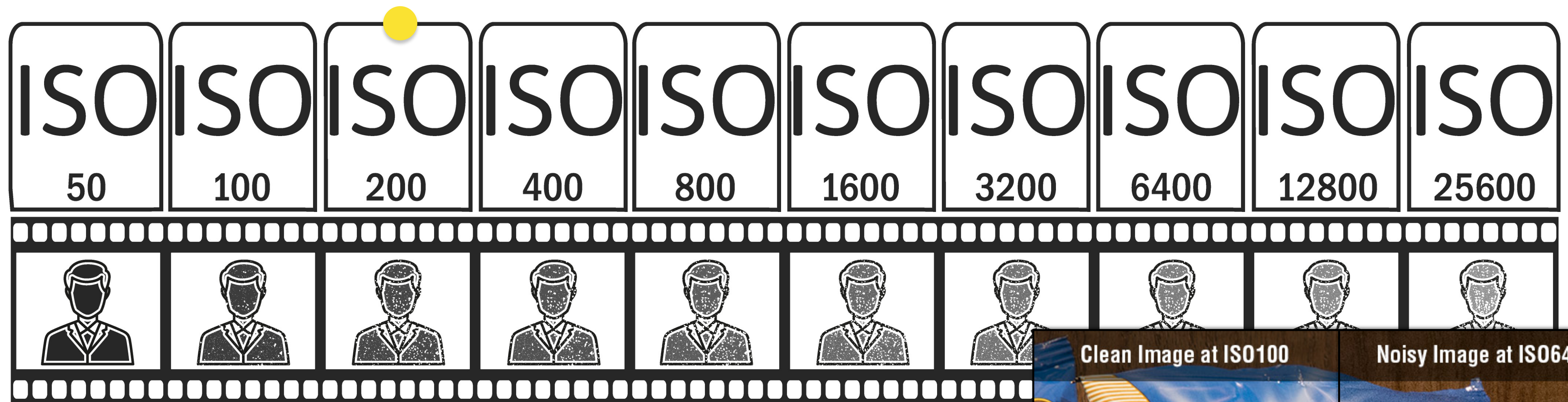
- EXTRAORAL
- INTRAORAL



ISO (SENSITIVITY)

THE LOWER THE NUMBER THE LESS SENSITIVE TO LIGHT AND THE FINER THE GRAIN

ISO



As you increase the ISO, the sensor becomes more sensitive to light, which allows it to capture more light without slowing down the shutter speed.



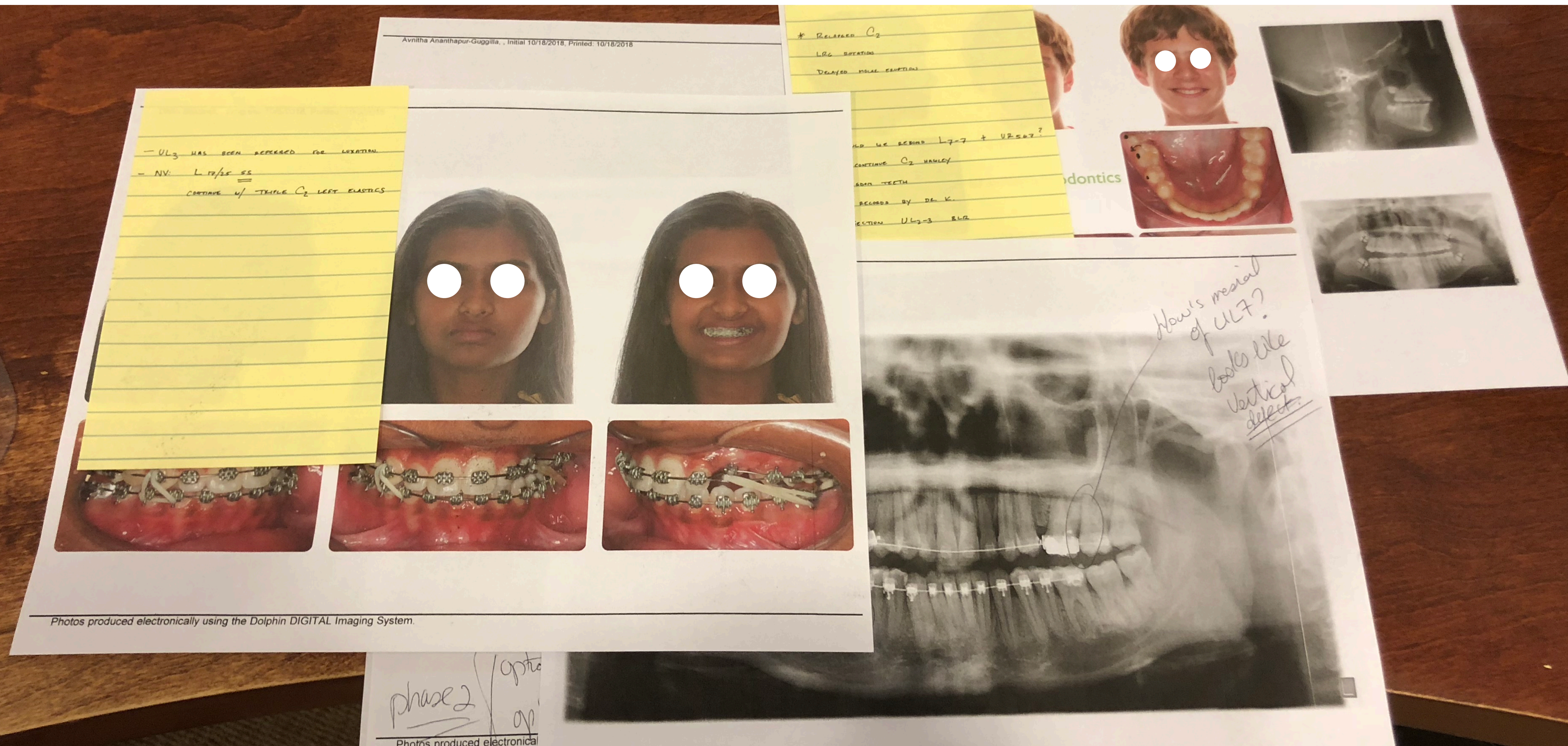
SCHEDULE

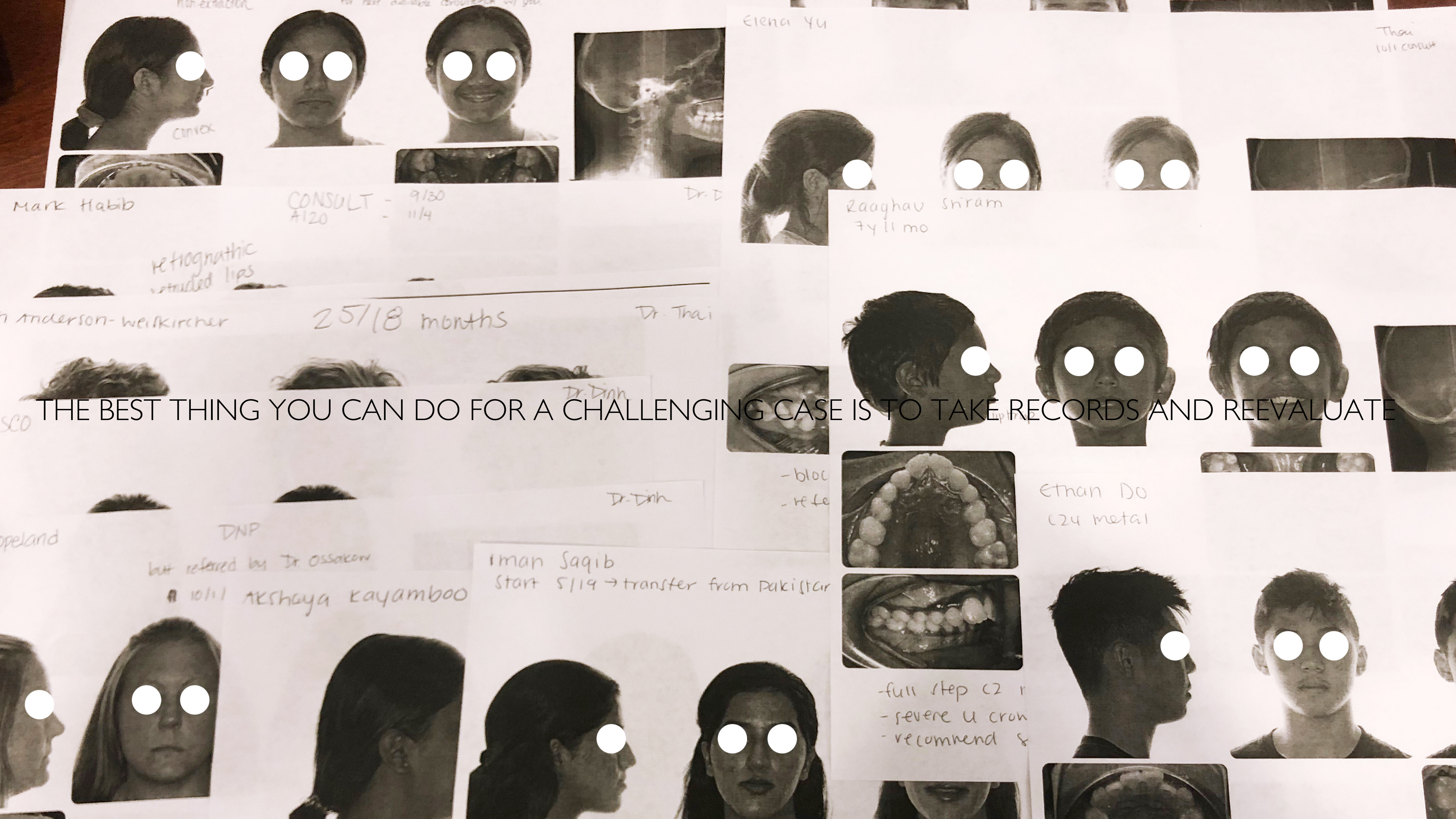
“PR30”



SEPARATE APPOINTMENT CODE: PR30 (PROGRESS RECORDS 30 MINUTES). IT WILL SERVE AS YOUR CHECK AND BALANCE

PRINT RECORDS OUT FOR REVIEW





Mark Habib

CONSULT - 9/30
A120 - 11/4

Dr. D

retrognathic
extruded lips

Anderson-Weiskircher

25/18 months

Dr. Thai

Dr. Dinh

Dr. Dinh

DNP

but referred by Dr. Ossakow

10/11 Akshaya Kayambo

Iman Saqib
Start 5/19 → transfer from Pakistan

Elena Yu

Thai
left cusp

Raaghav Shiram
7y 11 mo

Ethan Do
c24 metal

- bloc
- refe

- full step c2 r
- severe u crown
- recommend s

THE QUALITY OF
YOUR WORK IS
PROPORTIONAL TO
THE QUALITY OF
YOUR RECORDS



CONSENT FORMS



INFORMED CONSENT

for the Orthodontic Patient

Risks and Limitations of Orthodontic Treatment

Successful orthodontic treatment is a partnership between the orthodontist and the patient. The doctor and staff are dedicated to achieving the best possible result for each patient. As a general rule, informed and cooperative patients can achieve positive orthodontic results. While recognizing the benefits of a beautiful healthy smile, you should also be aware that, as with all healing arts, orthodontic treatment has limitations and potential risks. These are seldom serious

enough to indicate that you should not have treatment; however, all patients should seriously consider the option of no orthodontic treatment at all by accepting their present oral condition. Alternatives to orthodontic treatment vary with the individual's specific problem, and prosthetic solutions or limited orthodontic treatment may be considerations. You are encouraged to discuss alternatives with the doctor prior to beginning treatment.

Orthodontics and Dentofacial Orthopedics is the dental specialty that includes the diagnosis, prevention, interception and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature orofacial structures.

An orthodontist is a dental specialist who has completed at least two additional years of graduate training in orthodontics at an accredited program after graduation from dental school.



American
Association of
Orthodontists®

My Life. My Smile. My Orthodontist.®

Results of Treatment

Orthodontic treatment usually proceeds as planned, and we intend to do everything possible to achieve the best results for every patient. However, we cannot guarantee that you will be completely satisfied with your results, nor can all complications or consequences be anticipated. The success of treatment depends on your cooperation in keeping appointments, maintaining good oral hygiene, avoiding loose or broken appliances, and following the orthodontist's instructions carefully.

Length of Treatment

The length of treatment depends on a number of issues, including the severity of the problem, the patient's growth and the level of patient cooperation. The actual treatment time is usually close to the estimated treatment time, but treatment may be lengthened if, for example, unanticipated growth occurs, if there are habits affecting the dentofacial structures, if periodontal or other dental problems occur, or if patient cooperation is not adequate. Therefore, changes in the original treatment plan may become necessary. If treatment time is extended beyond the original estimate, additional fees may be assessed.

Discomfort

The mouth is very sensitive so you can expect an adjustment period and some discomfort due to the introduction of orthodontic appliances. Non-prescription pain medication can be used during this adjustment period.

Relapse

Completed orthodontic treatment does not guarantee perfectly straight teeth for the rest of your life. Retainers will be required to keep your teeth in their new positions as a result of your orthodontic treatment. You must wear your retainers as instructed or teeth may shift, in addition to other adverse effects. Regular retainer wear is often necessary for several years following orthodontic treatment. However, changes after that time can occur due to natural causes, including habits such as tongue thrusting, mouth breathing, and growth and maturation that continue throughout life. Later in life, most people will see their teeth shift. Minor irregularities, particularly in the lower front teeth, may have to be accepted. Some changes may require additional orthodontic treatment or, in some cases, surgery. Some situations may require non-removable retainers or other dental appliances made by your family dentist.

Extractions

Some cases will require the removal of deciduous (baby) teeth or permanent teeth. There are additional risks associated with the removal of teeth which you should discuss with your family dentist or oral surgeon prior to the procedure.

Orthognathic Surgery

Some patients have significant skeletal disharmonies which require orthodontic treatment in conjunction with orthognathic (dentofacial) surgery. There are additional risks associated with this surgery which you should discuss with your oral and/or maxillofacial surgeon prior to beginning orthodontic treatment.

Please be aware that orthodontic treatment prior to orthognathic surgery often only aligns the teeth within the individual dental arches. Therefore, patients discontinuing orthodontic treatment without completing the planned surgical procedures may have a malocclusion that is worse than when they began treatment!

Decalcification and Dental Caries

Excellent oral hygiene is essential during orthodontic treatment as are regular visits to your family dentist. Inadequate or improper hygiene could result in cavities, discolored teeth, periodontal disease and/or decalcification. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances. These problems may be aggravated if the patient has not had the benefit of fluoridated water or its substitute, or if the patient consumes sweetened beverages or foods.

Root Resorption

The roots of some patients' teeth become shorter (resorption) during orthodontic treatment. It is not known exactly what causes root resorption, nor is it possible to predict which patients will experience it. However, many patients have retained teeth throughout life with severely shortened roots. If resorption is detected during orthodontic treatment, your orthodontist may recommend a pause in treatment or the removal of the appliances prior to the completion of orthodontic treatment.

Nerve Damage

A tooth that has been traumatized by an accident or deep decay may have experienced damage to the nerve of the tooth. Orthodontic tooth movement may, in some cases, aggravate this condition. In some cases, root canal treatment may be necessary. In severe cases, the tooth or teeth may be lost.

Periodontal Disease

Periodontal (gum and bone) disease can develop or worsen during orthodontic treatment due to many factors, but most often due to the lack of adequate oral hygiene. You must have your general dentist, or if indicated, a periodontist monitor your periodontal health during orthodontic treatment every three to six months. If periodontal problems cannot be controlled, orthodontic treatment may have to be discontinued prior to completion.

Injury From Orthodontic Appliances

Activities or foods which could damage, loosen or dislodge orthodontic appliances need to be avoided. Loosened or damaged orthodontic appliances can be inhaled or swallowed or could cause other damage to the patient. You should inform your orthodontist of any unusual symptoms or of any loose or broken appliances as soon as they are noticed. Damage to the enamel of a tooth or to a restoration (crown, bonding, veneer, etc.) is possible when orthodontic appliances are removed. This problem may be more likely when esthetic (clear or tooth colored) appliances have been selected. If damage to a tooth or restoration occurs, restoration of the involved tooth/teeth by your dentist may be necessary.

Headgears

Orthodontic headgears can cause injury to the patient. Injuries can include damage to the face or eyes. In the event of injury or especially an eye injury, however minor, immediate medical help should be sought. Refrain from wearing headgear in situations where there may be a chance that it could be dislodged or pulled off. Sports activities and games should be avoided when wearing orthodontic headgear.

Temporomandibular (Jaw) Joint Dysfunction

Problems may occur in the jaw joints, i.e., temporomandibular joints (TMJ), causing pain, headaches or ear problems. Many factors can affect the health of the jaw joints, including past trauma (blows to the head or face), arthritis, hereditary tendency to jaw joint problems, excessive tooth grinding or clenching, poorly balanced bite, and many medical conditions. Jaw joint problems may occur with or without orthodontic treatment. Any jaw joint symptoms, including pain, jaw popping or difficulty opening or closing, should be promptly reported to the orthodontist. Treatment by other medical or dental specialists may be necessary.

Impacted, Ankylosed, Unerupted Teeth

Teeth may become impacted (trapped below the bone or gums), ankylosed (fused to the bone) or just fail to erupt. Oftentimes, these conditions occur for no apparent reason and generally cannot be anticipated. Treatment of these conditions depends on the particular circumstance and the overall importance of the involved tooth, and may require extraction, surgical exposure, surgical transplantation or prosthetic replacement.

Occlusal Adjustment

You can expect minimal imperfections in the way your teeth meet following the end of treatment. An occlusal equilibration procedure may be necessary, which is a grinding method used to fine-tune the occlusion. It may also be necessary to remove a small amount of enamel in between the teeth, thereby "flattening" surfaces in order to reduce the possibility of a relapse.

Non-Ideal Results

Due to the wide variation in the size and shape of the teeth, missing teeth, etc., achievement of an ideal result (for example, complete closure of a space) may not be possible. Restorative dental treatment, such as esthetic bonding, crowns or bridges or periodontal therapy, may be indicated. You are encouraged to ask your orthodontist and family dentist about adjunctive care.

Third Molars

As third molars (wisdom teeth) develop, your teeth may change alignment. Your dentist and/or orthodontist should monitor them in order to determine when and if the third molars need to be removed.

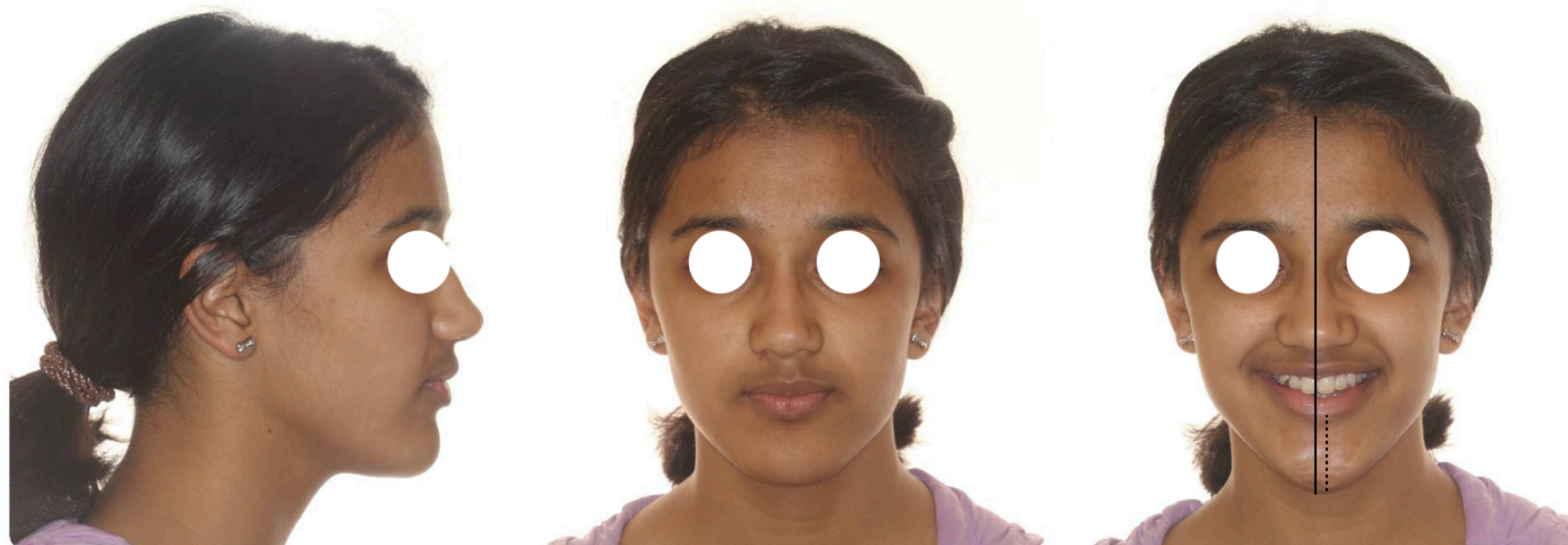
Continued on next page

Patient or Parent/Guardian Initials _____

INFORMED CONSENT

for the Orthodontic Patient

Risks and Limitations of Orthodontic Treatment



My Life, My Smile, My Orthodontist.

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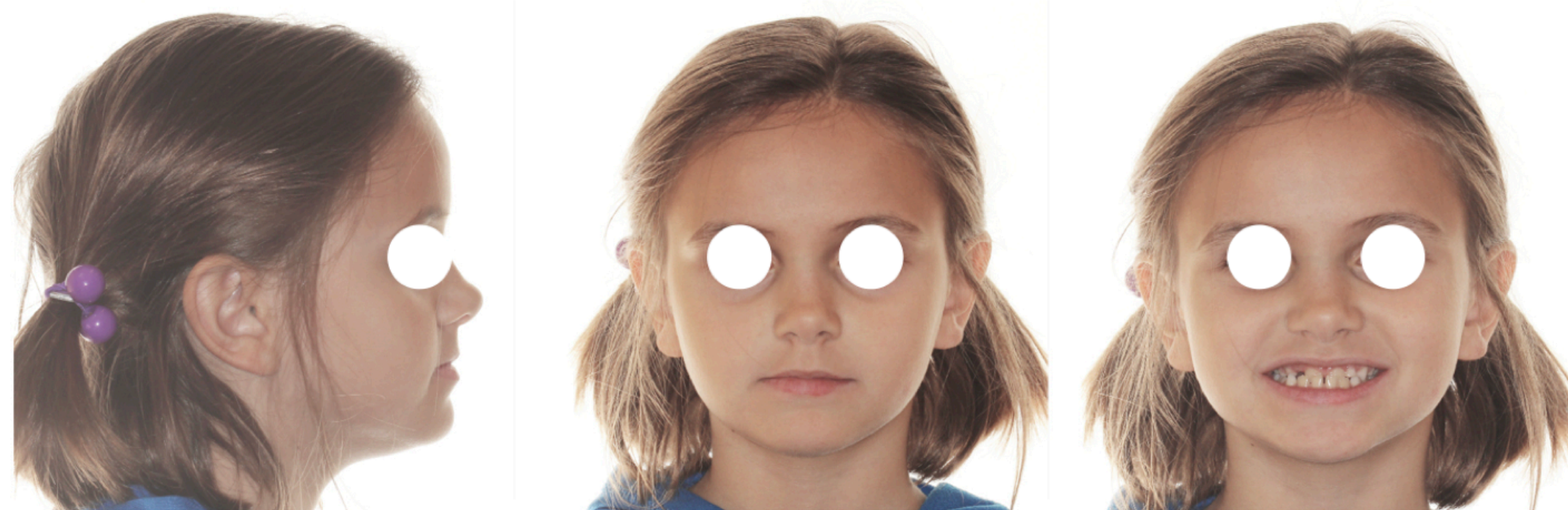
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INFORMED CONSENT

for the Orthodontic Patient

Risks and Limitations of Orthodontic Treatment



kravitz

**Clinical Orthodontic Treatment
Information and Consent**

kravitz

**Periodontal Information and
Consent for Orthodontic Treatment**

kravitz
orthodontics

Phase I Means a Potential Phase 2

Congratulations for starting Phase I Treatment! Phase I is an early interceptive treatment to take advantage of skeletal growth, particularly the maxilla, and correct a traumatic malocclusion. It is important to understand that the braces will come off before all the adult teeth erupt. Therefore, a short second phase at a separate expense is anticipated to make sure the smile is absolutely perfect.

I understand that Phase I treatment may entail Phase 2 treatment at a separate expense.

Signature: _____

Date: _____



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Signature: _____

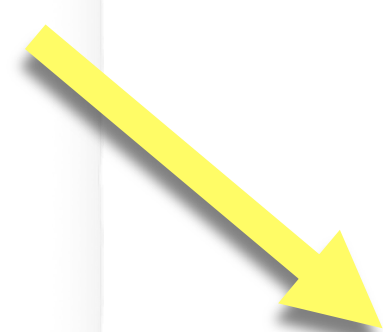
Date: _____

“DO WE REALLY HAVE
TO DO A PHASE 2?”

kravitz
orthodontics

Clinical Orthodontic Treatment Information and Consent for Special Circumstances

Patient Name: _____ **Date:** _____



Your specific orthodontic diagnosis or condition warrants additional information regarding risks and limitations of treatment and expected outcomes in addition to the general orthodontic information and consent you have received. The orthodontic issues unique to your case are listed below along with any risks and limitations to the ultimate outcome. You should be aware that other inherent risks and limitations may be present. Your short term and long term orthodontic and dental outcome may be affected by these conditions. The outcomes may also be affected by your choice of treatment plan. You acknowledge that you have willingly made an informed decision to pursue the chosen treatment course, understanding all of the factors involved, and acknowledge that other treatment plans may be available, leading to a different or more favorable long or short term outcome. You also understand that no treatment is an option.



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orthodontics

Clinical Orthodontic Treatment
Information and Consent
for Special Circumstances

Patient Name: PATIENT Date: 1.31.19

Your specific orthodontic diagnosis or condition warrants additional information regarding the limitations of treatment and expected outcomes in addition to the general consent you have received. The orthodontic issues unique to your case are the risks and limitations to the ultimate outcome. You should be aware that other conditions may be present. Your short term and long term orthodontic and dental outcomes may be affected by your choice of treatment. You have willingly made an informed decision to pursue the chosen treatment plan, and acknowledge that other treatment plans may be more favorable long or short term outcome. You also understand that

Unique factors in your case:
* UPPER JAW STRETCHED FORWARD

Unique risks to plan of treatment:
LIKELY NEED FOR UPPER BICUSPID EXTRACTION IN PHASE 2.

The foregoing is understood and acknowledged, and I/we willingly consent to the proposed treatment plan.

Patient/Parent: _____ Date: _____

kravitz
orthodontics

Neal D. Kravitz, DMD, MS
Monica Dinh, DDS, MS • Helena Kilic, DMD, MS
SPECIALISTS IN ORTHODONTICS FOR CHILDREN AND ADULTS
DIPLOMATES OF THE AMERICAN BOARD OF ORTHODONTICS

PATIENT'S NAME PATIENT DATE 1.31.19

DOCTOR'S NAME PEDIATRIC DENTIST

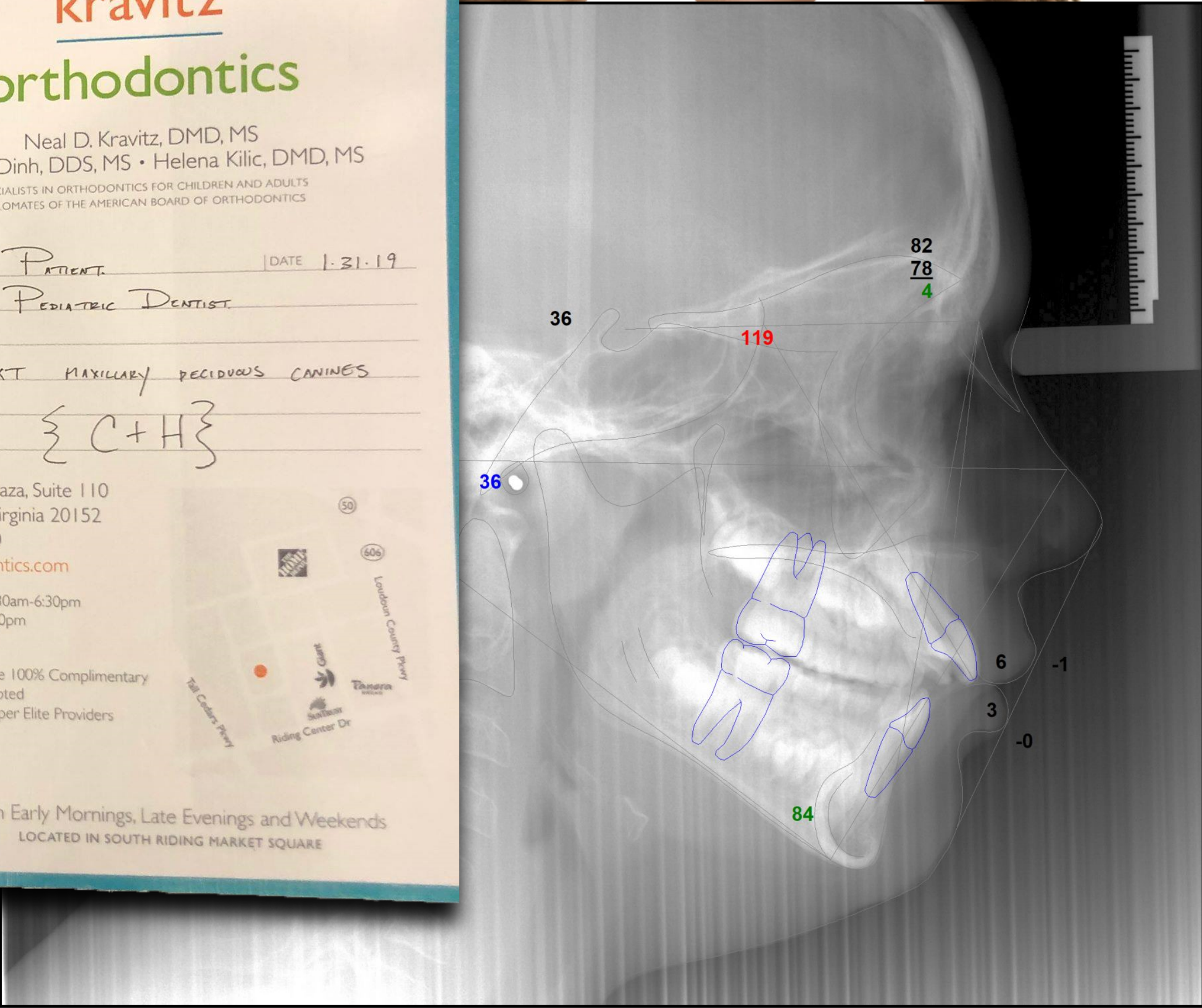
REMARKS
EXT MAXILLARY DECIDUOUS CANINES
{ C+H }

25055 Riding Plaza, Suite 110
South Riding, Virginia 20152
T 703.722.2900
kravitzorthodontics.com

Open Weekdays, 7:30am-6:30pm
Saturdays, 8am-12:30pm
Sundays by request

All Consultations are 100% Complimentary
All Insurances Accepted
Invisalign Top 1% Super Elite Providers

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CREATE WHATEVER YOU NEED

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orthodontics

Interproximal Reduction (IPR) and Enameloplasty

The shape of teeth prior to starting orthodontic treatment is often less than ideal. Some teeth are too wide or too sharp, while others are chipped, bumpy (i.e. still have their mammelons) or asymmetrical. To improve the bite and the esthetics, the orthodontist may need to do a little interproximal enamel reduction or enameloplasty.

Interproximal enamel reduction, or "IPR", is a procedure where the orthodontist will remove very small amounts of enamel from the sides of one or more teeth with a thin strip or disk. IPR is typically performed on larger front teeth with excess enamel in order to create additional space.

Enameloplasty is the reshaping of the tooth with a bur into its ideal form. This is commonly performed on the incisal edges, cusp tips, and the thick ridges behind the teeth.

I understand that interproximal reduction and enameloplasty may be needed during treatment.

Signature _____ Date _____

ITS DEBATABLE IF WE
NEED A SEPARATE FORM

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orthodontics

Appointments Needed During School

We understand that it is never easy to miss school for an orthodontic appointment. This is particularly true if your child is at a magnet school further away, such as Nysmith, Thomas Jefferson, The Loudoun Academy of Science, or others. **However, in order to accommodate all our families, each child will need approximately 3-4 appointments, during the week in the morning.** These appointments are reserved for placing the braces, inserting orthodontic appliances, removing the braces, and sometimes for special appointments when the office is quieter. We will do our best to complete these appointments within an hour and get your child back to school as quickly as possible. The remainder of appointments can be scheduled for afternoons and weekends.

I understand that my child will have to miss some school during their orthodontic treatment.

Signature _____ Date _____

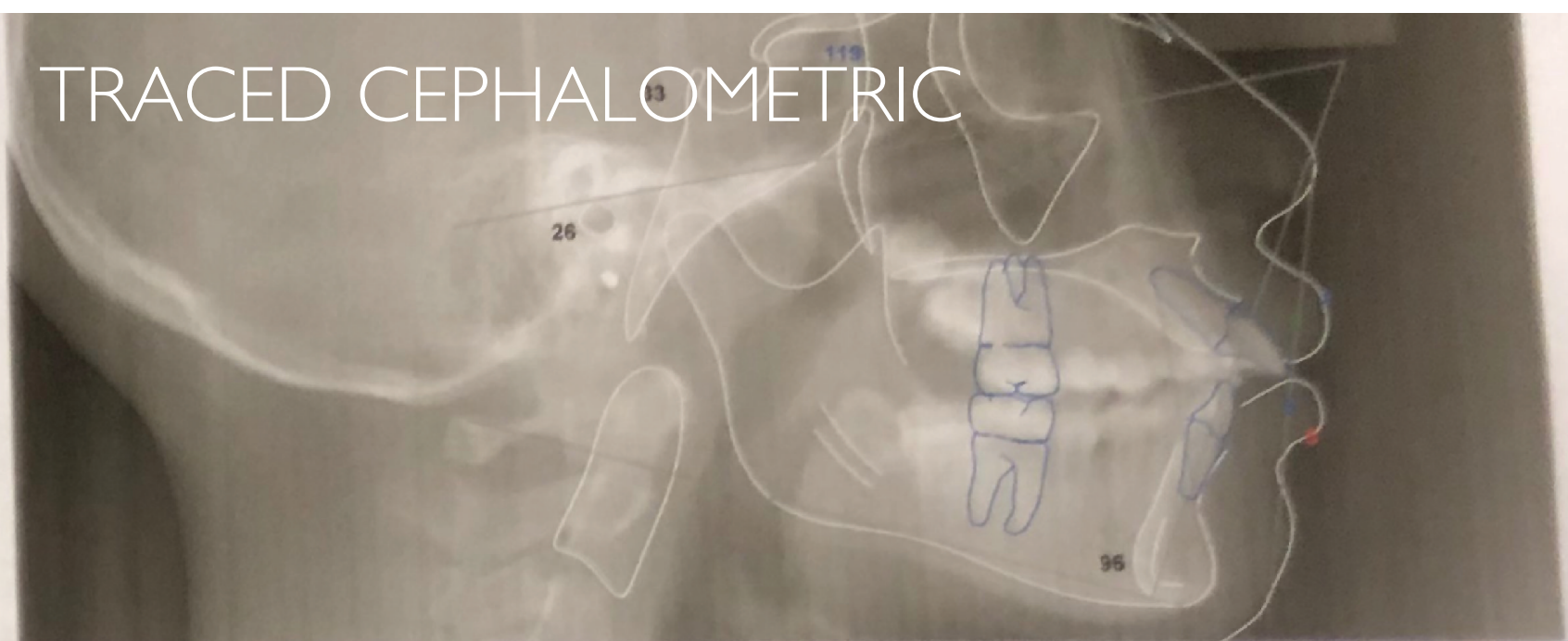


THESE ARE ALL CONSENT FORMS

QUALITY PHOTOGRAPHS

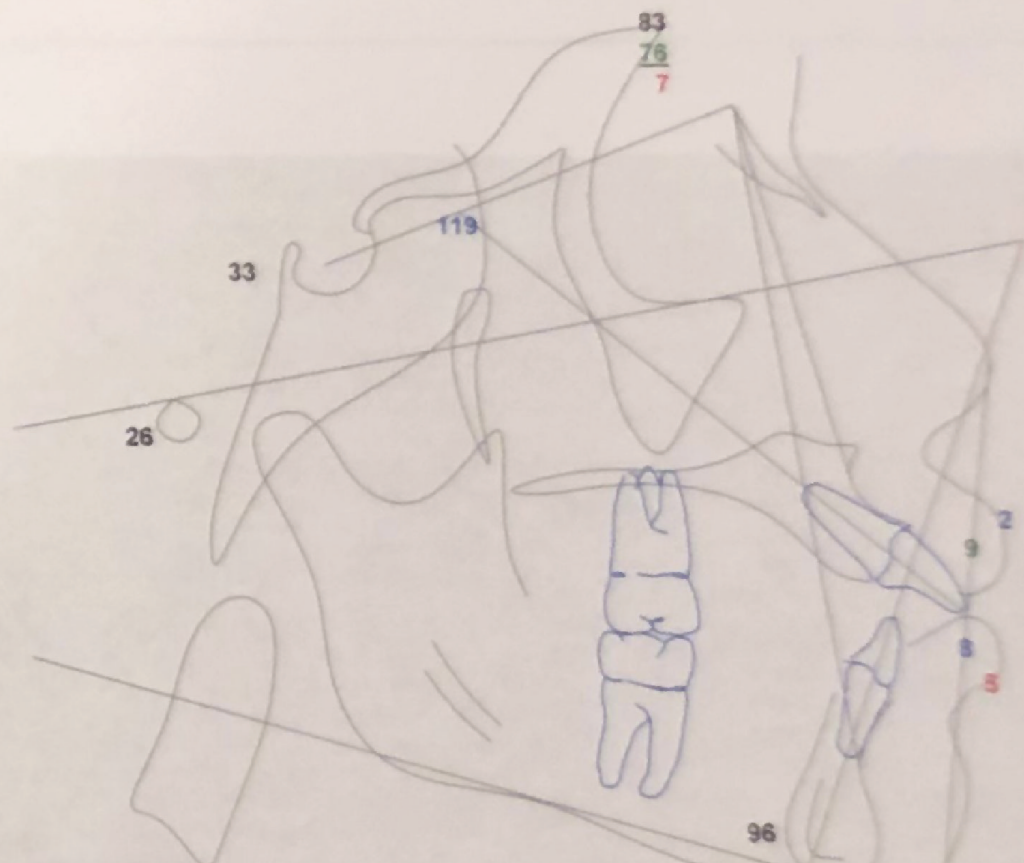


TRACED CEPHALOMETRIC



Patient: Vanvi Nguyen, ID: 1913193, Female, Age: 11y 2m (DOB: 10/23/2007)
1/22/2019 Initial Analysis: ABO Norm: N/A

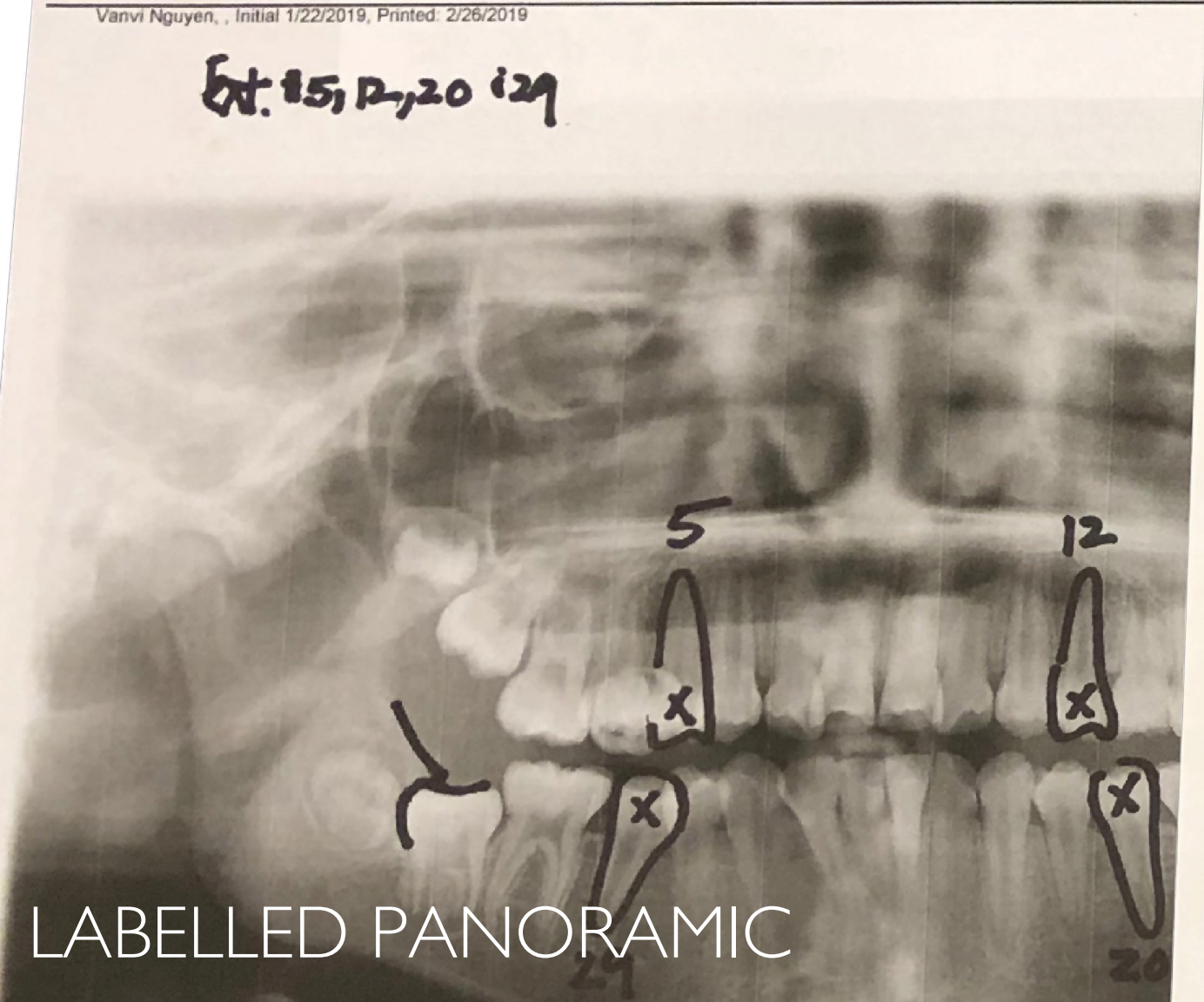
	Value	Norm	Std Dev	
Maxilla to Cranial Base SNA (°)	82.8	82.0	3.5	75 77 79 81 83 85 87 89 91 93 95 97 99
Mandible to Cranial Base SNB (°)	76.0	80.9	3.4	68 70 72 74 76 78 80 82 84 86 88 90 92 94 96 98
SN - MP (°)	33.3	32.9	5.2	10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40
FMA (MP-FH) (°)	26.4	25.1	4.5	1 3 5 7 9 11 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51 53 55 57 59 61 63 65 67 69 71 73 75 77 79 81 83 85 87 89 91 93 95 97 99
Maxillo-Mandibular ANB (°)	6.8	1.6	1.5	4 6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 82 84 86 88 90 92 94 96 98
Maxillary Dentition U1 - NA (mm)	8.8	4.3	2.7	5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100
	118.7	102.4	5.5	10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 82 84 86 88 90 92 94 96 98
	8.2	4.0	1.8	4 6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 82 84 86 88 90 92 94 96 98
	96.0	95.0	7.0	10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 82 84 86 88 90 92 94 96 98
Plane (mm)	4.8	-2.0	2.0	10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 82 84 86 88 90 92 94 96 98
Plane (mm)	1.9	-3.5	2.0	10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 82 84 86 88 90 92 94 96 98



ETH TOO FORWARD

WAZED!

MEASUREMENTS



LABELLED PANORAMIC

ASHBURN ORAL SURGERY
CHIRAG R. PATEL DDS, MD

ONELOUDOUN® 20405 Exchange St. Ste. 251 Ashburn, VA 20147
703.342.4220 703.635.2274 www.ashburnoralsurgery.com

Introducing Vanvi Nguyen Date 2/26/19
Patient Phone _____ DOB _____
Referring Doctor Kravitz Orthodontics Phone _____

Please Mark Teeth or Area to Be Treated

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Requested Consultation

☐ Wisdom Teeth Removal ☐ Bone Grafting ☐ Expose & Bond
☐ Extraction ☐ Pathology ☐ Abutments

Braces Removal and Retainer Consent Form

DEBOND CONSENT
GIVEN BY MOTHER!

Congratulations! _____, today is the day that your braces are coming off to unveil your beautiful smile! You are now entering an important phase of your treatment—the *Retention Phase*.

Completed orthodontic treatment does not guarantee perfectly straight teeth for the rest of your life. Teeth have a memory and often try to move back to their original positions. Retainers are required to keep your teeth in their new positions. Regular retainer wear is often necessary for lifetime as your body is continually undergoing growth and maturation. Minor irregularities, particularly in the lower front teeth may occur. In summary, you need your retainers to keep your teeth as straight as possible, but even with good retainer wear your teeth may move slightly.



Consent for Braces Removal

I am pleased with my/my child's smile and consent to removal of the braces/appliances. _____ (initial)

DO NOT RUSH THE
CONSENT! IT IS
YOUR ONLY
PROTECTION
OTHER THAN
RAPPORT



SCHEDULE & NOTES



HAVE A SEPARATE WIFI FOR PATIENTS



CONC AND CON2C

Wed, Sep 18,					
	Consult/Dr.	Chair 1	Chair 2	Chair 3	Chair 5
:20	Dismissed	Shen, Alexander RR20 Scheduled	Cruzado, Cameron OC20 Scheduled	DBE Scheduled	Scheduled
:30			Luck, Kader CON2C Scheduled		Keeling, Cyrus 4WK
:40				Copeland, Montavian DBE Scheduled should be DBE, may be OC but leave 40 mins	Liao, Shanshan INV1 Scheduled rec'd
:50			Fernandez, Catalina 4WK		Henson, Teagan INV1 Scheduled rec'd
10:00 AM	Khan, Nadia CON2C Scheduled	Norris, Preston DBE Scheduled	Gonzalez, Anabella OC20	Banks, Danielle INV	Davis, Leigh INV
:10		Canakaris, Maria BB40 Scheduled UPPER BRACES ONLY. FREE RETREATMENT	Padilla, Tiffany SCAN Scheduled	Ocean, Misty Wall, Allison INV	Choi, Matthew AI20
:20					
:30	Cassar, Melissa CONC30 Scheduled				
:40					
:50					
11:00 AM	Cassar, Kaitlyn CONC30 Scheduled	Calo, Michael PR30	Cedillo, Jonathan DBE Scheduled	Batarla, Cian DBE Scheduled rec'd	
:10		Venkatesh, Vedha WINV Scheduled			
:20					
:30	Allen, Daniel CON2C Scheduled				
:40					
:50					
12:00 PM					
:10					
:20					
:30					
:40					
:50					
1:00 PM					
:10					
:20					
:30					
:40					
:50					
2:00 PM	Hadikusumo, Andrew DBE	Olazabal, Christian FR20	Kerns, Megan SCAN	Walowac, Sarah RC20	Murray, Zoey OC20
:10	Ladowicz, Emma CON2C Scheduled	Emergency Emergency RC	Satpathy, Leena INV1 Scheduled	Gay, Nathaniel AI20	Parra, Alexandra "Alex" INV
:20				Pham, Tien INV	Bumphus, William OC20
:30	Ladowicz, John A. CON2C Scheduled	Falkner, Meadow PR30		Douglas, Kadynce AI20	
:40		Choi, Joshua INV1 Scheduled	DeBruin, Rooy INV	Sianez, Vera INV	O'Hara, Tyler 4WK
:50					McLaughlin, Caroline A 4WK
3:00 PM	Schneck, Leela CON2C Scheduled	Banduri, Aanya RC20	Kabadi, Jahan OC20	Reyes, Alexandra PR30	Kasule, Rebekah 4WK
:10					Vutukuri, Manideep 4WK
:20	Rajagopal, Daksha CON2C Scheduled	Rohr, Harper RC20	Chu, Jody INV1 Scheduled	Gross, Sophie INV	Shah, Avi OC20
:30					
:40					
:50					
4:00 PM	Mongold, Brendan CON2C Scheduled	Nannapaneni, Srisha Baba, Hiba EM20	Brown, Sean INV	Chandolu, Siri OC20	Kaur, Gurleen 4WK
:10					Vitela, Giovanni 4WK
:20			Sugg, Jacob 4WK	Kaskas, Tarec AI20	Watts, Lia BB40 Scheduled
:30	Abdulcareem, Shakeel CON2C Scheduled	Serotkin, Jack FR20	Madda, Nicole AI20	Calderon, Daniela OC20	Rajesh, Cassini
:40		Salman, Suhana			
:50		Doshi, Ruchi PR30 Scheduled	Waziri, Benafsha 4WK	Kamenetsky, Nicole 4WK	
5:00 PM	Lynch, Amelia CON2C Scheduled	Pillai, Praneet	Trinh, Victoria FR20	Marshall, Claire 4WK	
:10					
:20					
:30	Abner, Sophia CON2C Scheduled	Panyasithavong, Jayla OC20	Panyasithavong, Nicolas 4WK	Khan, Nadir INV	
:40					
:50					



Wed, Sep 18,

	Consult/Dr.	Chair 1	Chair 2	Chair 3	Chair 5
:20	<i>Dismissed</i>	Shen, Alexander RR20 <i>Scheduled</i>	Cruzado, Cameron OC20	DBE <i>Scheduled</i>	<i>Scheduled</i>
:30					
:40			Luck, Kader CON2C <i>Scheduled</i>		Keeling, Cyrus 4WK
:50		Norris, Preston DBE <i>Scheduled</i>		Copeland, Montavian DBE <i>Scheduled</i> should be DBE, may be OC but leave 40 mins	Liao, Shanshan INV1 <i>Scheduled</i> recd
10:00 AM	Khan, Nadia CON2C <i>Scheduled</i>		Fernandez, Catalina 4WK		Henson, Teagan INV1 <i>Scheduled</i> rec'd
:10		Canakaris, Maria BB40 <i>Scheduled</i> UPPER BRACES ONLY, FREE RETREATMENT	Gonzalez, Anabella OC20	Banks, Danielle INV	
:20	Cassar, Melissa CONC30 <i>Scheduled</i>		Padilla, Tiffany SCAN <i>Scheduled</i>	Ocean, Misty	
:30				Wall, Allison INV	Davis, Leigh INV
:40	Cassar, Kaitlyn CONC30 <i>Scheduled</i>	Calo, Michael PR30	Cedillo, Jonathan DBE <i>Scheduled</i>	Batarla, Cian INV1 <i>Scheduled</i> rec'd	Choi, Matthew AI20
:50	Allen, Daniel CON2C <i>Scheduled</i>	Venkatesh, Vedha WINV <i>Scheduled</i>			
12:00 PM					
:10					
:20					
:30					
:40					
:50					
1:00 PM					
:10					
:20					
:30					
:40	Hadikusumo, Andrew DBE	Olazabal, Christian FR20	Kerns, Megan SCAN	Walowac, Sarah RC20	Murray, Zoey OC20
:50					
2:00 PM	Ladowicz, Emma CON2C <i>Scheduled</i>	Emergency Emergency	Satpathy, Leena INV1 <i>Scheduled</i>	Gay, Nathaniel AI20	Parra, Alexandra "Alex" INV
:10		RC		Pham, Tien INV	Bumphus, William OC20
:20					
:30	Ladowicz, John A. CON2C <i>Scheduled</i>	Falkner, Meadow PR30		Douglas, Kadynce AI20	
:40		Choi, Joshua INV1 <i>Scheduled</i>	DeBruin, Rooy INV	Sianez, Vera INV	O'Hara, Tyler 4WK
:50					
3:00 PM	Schneck, Leela CON2C <i>Scheduled</i>	Banduri, Aanya RC20	Kabadi, Jahan OC20	Reyes, Alexandra PR30	McLaughlin, Caroline A 4WK
:10		Rohr, Harper RC20	Chu, Jody INV1 <i>Scheduled</i>	Gross, Sophie INV	Kasule, Rebekah 4WK
:20					
:30	Rajagopal, Daksha CON2C <i>Scheduled</i>	Nannapaneni, Srisha Baba, Hiba EM20	Brown, Sean INV	Chandolu, Siri OC20	Vutukuri, Manideep 4WK
:40		Serotkin, Jack FR20	Sugg, Jacob 4WK	Kaskas, Tarec AI20	Shah, Avi OC20
:50		Salman, Suhana	Madda, Nicole AI20	Calderon, Daniela OC20	Kaur, Gurleen 4WK
4:00 PM	Mongold, Brendan CON2C <i>Scheduled</i>	Doshi, Ruchi PR30 <i>Scheduled</i>	Waziri, Benafsha 4WK	Kamenetsky, Nicole 4WK	Vitela, Giovanni 4WK
:10					
:20	Abdulkareem, Shakeel CON2C <i>Scheduled</i>	Pillai, Praneet	Trinh, Victoria FR20	Marshall, Claire 4WK	Watts, Lia BB40 <i>Scheduled</i>
:30		Panyasithavong, Jayla OC20	Panyasithavong, Nicolas 4WK	Khan, Nadir INV	Rajesh, Cassini
:40					
:50					

Gloria out over lunch



Ethan Do [144936]

9/13/16

Status	Deband Date	Billing Party(ies) / Relation	Comment:
Birthdate	Progress Date		
Age	PAN Date		Comment:

Patient Comments - Ethan Do [144936] - Dr. Neal Kravitz - South Riding

New	Delete	Patient	Appts	Tx Card	Documents	Correspondence	Questionnaire	Ledger	Imaging	AnywhereDolphin	Print	Options
-----	--------	---------	-------	---------	-----------	----------------	---------------	--------	---------	-----------------	-------	---------

Patient: Do, Ethan

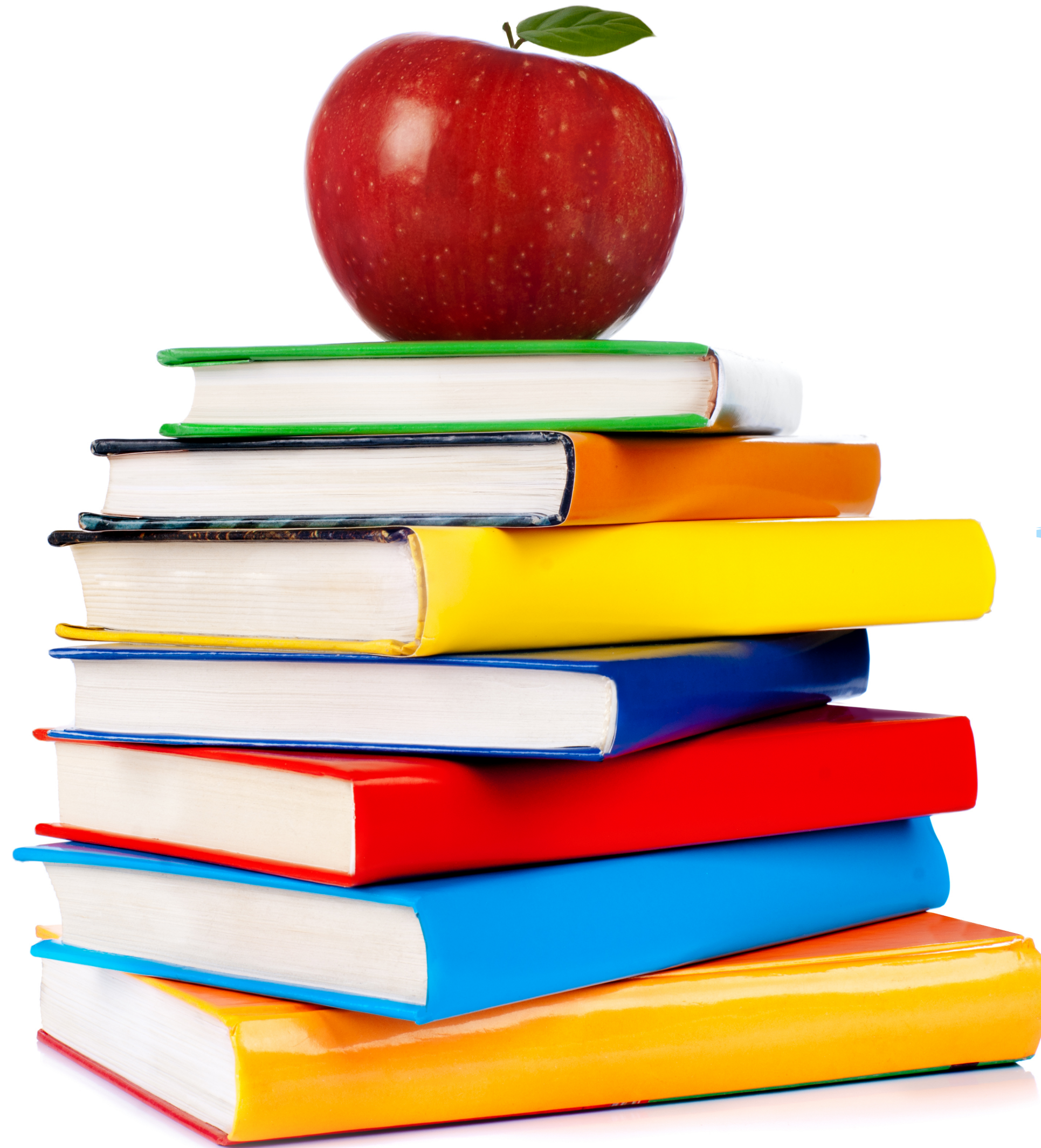
Phone Numbers:

Type	Number	Note
Cell	(703) 926-5556	
Cell	(703) 926-5556	

Billing Party: <All>

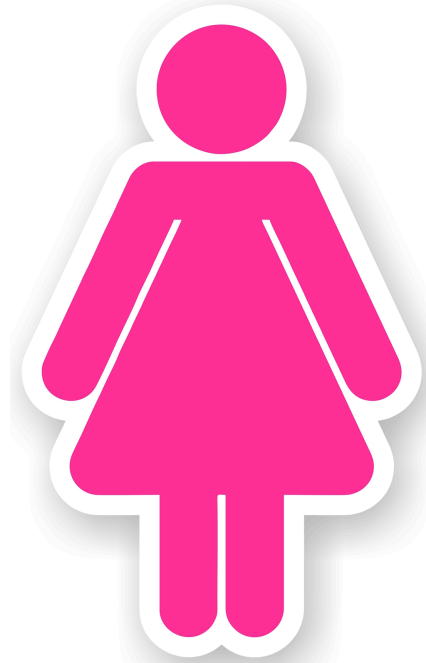
Date	Emp	Type	Billing Party	Text
3/26/2014		Patient		Dad will call back tomorrow 3/27 for PIF 1680
3/27/2014	SVK	Patient		dad called mom actually has DDVA coverage ID 51000070000509 dob 01/01/78- 50%/\$2000
3/27/2014	SVK	Patient		if paid by 1pm today \$840 for PIF discount
3/28/2014	SVK	Patient		Phase One heavily discounted per Dr K- phase 2 will not offer same discount for phase 2
2/10/2015		Patient		submitted new claim today to Aetna
2/25/2015		Patient		per Aetna, quarterly pmt being sent out in March 2015
3/16/2015	KD	Patient		HAW rec'd
12/30/2016		Patient		aetna terminated 4/21/16
1/2/2017	JH	Patient		Tammy LM regarding no show, jh sent email.
1/31/2017		Patient		called to see if can come 1/31 at 5:50, can't come, said will call back to reschedule when they're ready
3/22/2017	JH	Patient		sent fu email
4/17/2017		Patient		DD \$1154 ortho remaining
5/17/2017	JH	Patient		sent hw note and \$5 gc. jh
5/16/2018		Patient		sent fu email jh
9/4/2019	jmh	Patient		DDAK 2500 remains/50%/no ded/ no age limit; Phone call #19090400757
9/27/2019		Patient		ID W16925874, SSN 225632228, delta dental alaska

PREPARE FOR FOUR SLOW MONTHS



1. SEPTEMBER (*SCHOOL*)
2. DECEMBER (*CHRISTMAS*)
3. FEBRUARY (*28 DAYS*)
4. MAY (*AAO MEETING*)

NOT ALL PATIENTS ARE EQUAL



>



>



>



CUSTOMIZE YOUR ALERTS

Doe, John

OC20

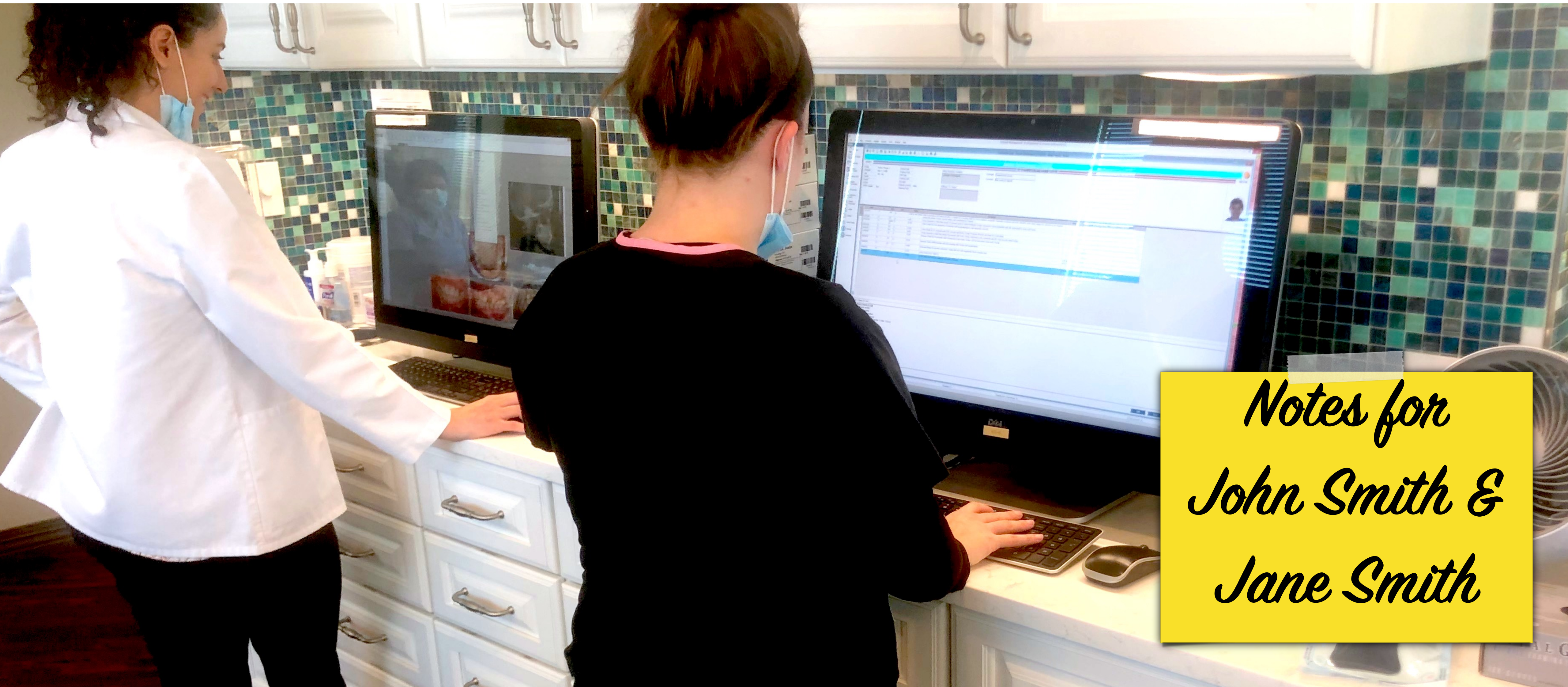
"OC" = ORTHO CHECK

Seated

CERTIFIED NUTS!



STAFF TYPES NOTES IMMEDIATELY



*Notes for
John Smith &
Jane Smith*

“DID WE ANSWER YOUR QUESTIONS?”



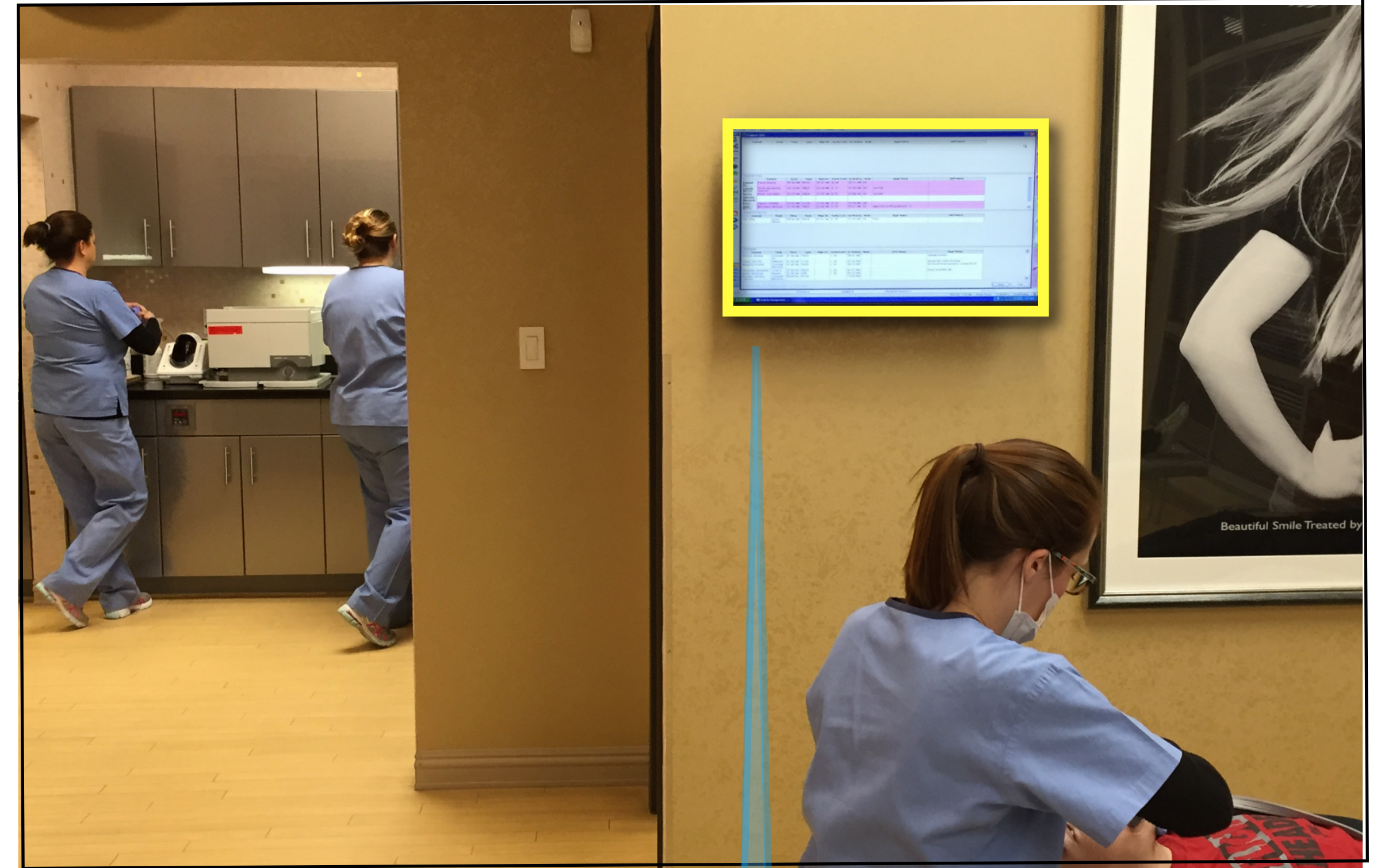
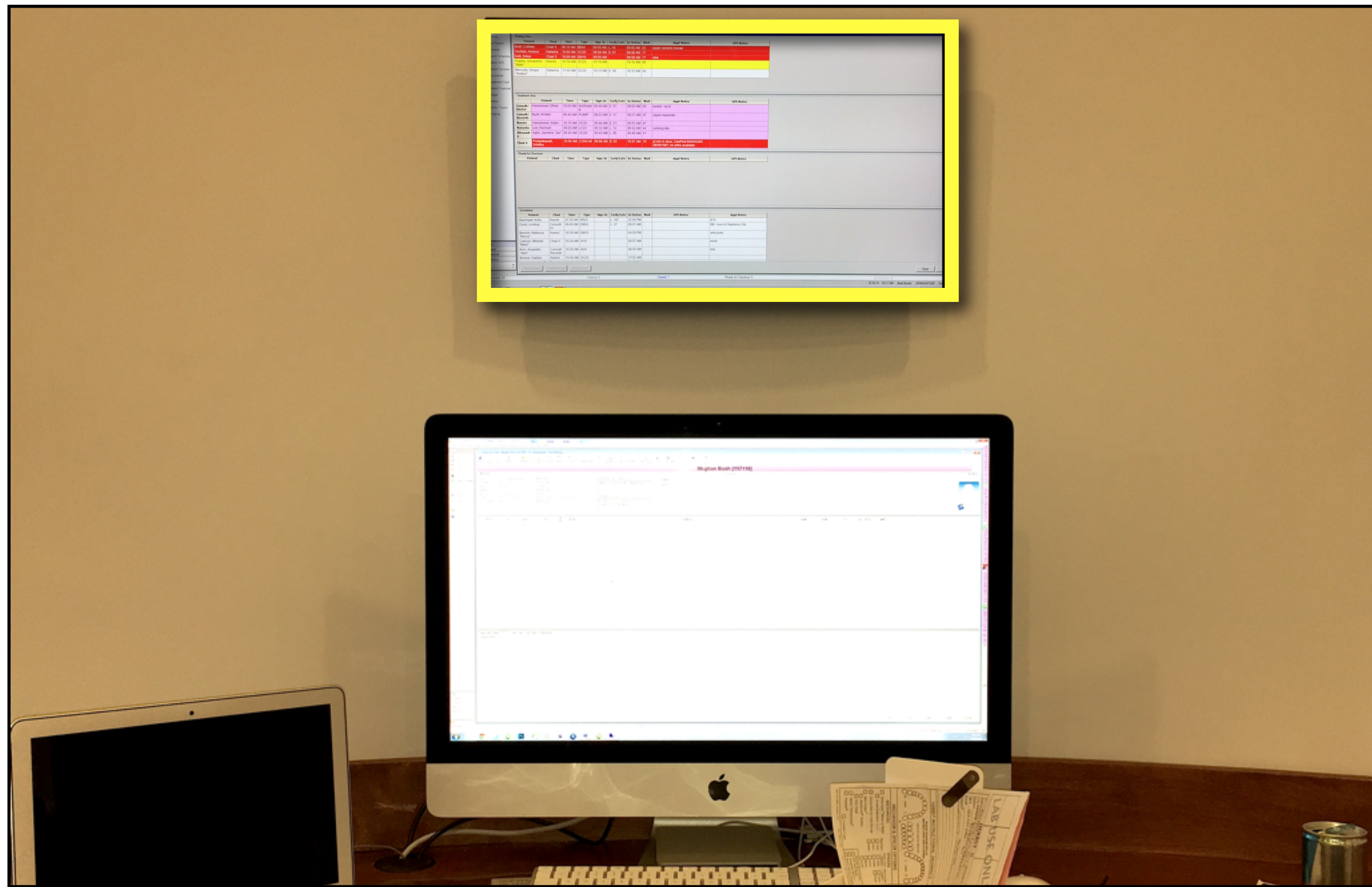
AT KRAVITZ ORTHODONTICS,
WE ARE LEGENDARY
FOR OUR CUSTOMER SERVICE.

Your experience is very important to us. Have we:

- Thoroughly explained today's procedure?
- Explained what is to be expected at the next visit?
- Reviewed the treatment plan and the progress?
- Answered all of your questions?



GPS STATIONS THROUGHOUT OFFICE



THESE SCREENS KEEP UPS FROM RUNNING
MORE THAN 10 MINUTES BEHIND

	SUMMARY OF SCHEDULING IN MY OFFICE
MY DAY	8 AM - 6 PM (2 HOUR LUNCH)
# PATIENTS	50-60 PER DOCTOR (2 DOCTOR DAYS HAVE 110)
# CONSULTS	8-10 CONSULTS PER DAY (COUNTING CON2)
TEMPLATE	LONG APPOINTMENTS IN AM. *4WKS IF OVER
EMERGENCY	BEFORE WORK OR "ON CALL" IN PM
PEARL	I AM MAKING SMALL ADJUSTMENTS EVERY DAY

YOU EITHER
CONTROL YOUR
SCHEDULE OR
YOUR SCHEDULE
CONTROLS YOU.



INVISALIGN RECORDS



USE YOUR INVISALIGN STARS

DOCTOR 1



DOCTOR 2



NO IPR/ATTACH.



NEEDS REVIEW



FINANCIAL



In Treatment (1922)		Action required (21)	Archived (725)
		^ Start Date	
★	Choi, Christina (#3540458)	07/26/2014	
	McLean, Paula Deedee (#4297893)	10/19/2015	

GREEN = HAS NOT PAID

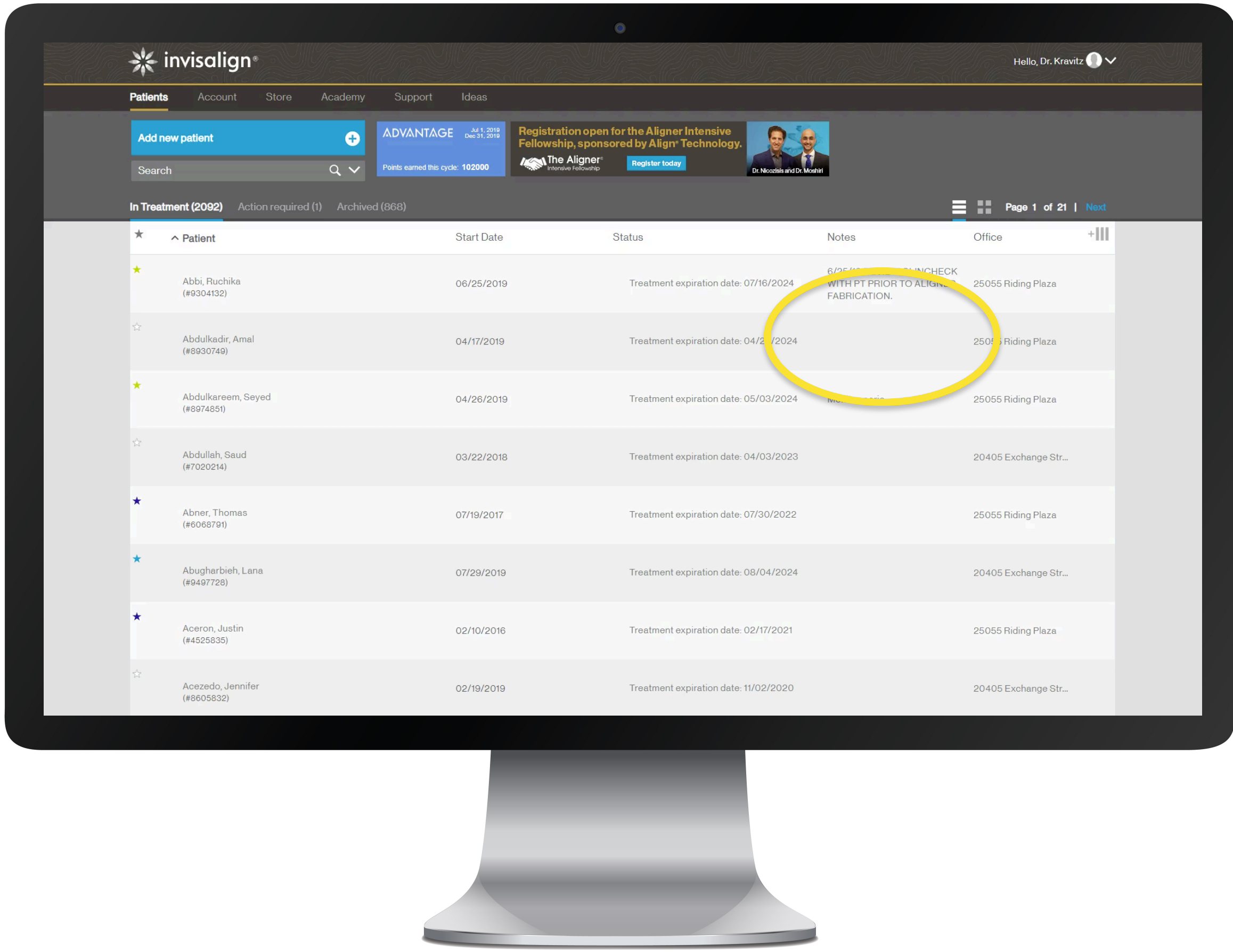
In Treatment

Action required (21)

Archived

		^ Start Date	Treatment option	Status	Notes
<div><div>★</div><div>⊘</div><div>★</div><div>★</div><div>★</div><div>★</div><div>★</div><div>★</div></div>	Choi, Christina (#3540458)	07/26/2014	Invisalign Full	<div>!</div> Review ClinCheck treatment plan (Additional Aligners) (02/26/2019)	
★	McLean, Paula Deedee (#4297893)	10/19/2015			
★	Cheng, Jing (#4506172)	02/01/2016			
☆	Antoun, Carol (#5543521)	02/06/2017			
★	Franklin, Donjo Sr. (#5674213)	06/16/2017			
★	Karousos, Alexander (#6923326)	02/28/2018			

GREEN = HAS NOT PAID



LABEL YOUR INVISALIGN BOXES

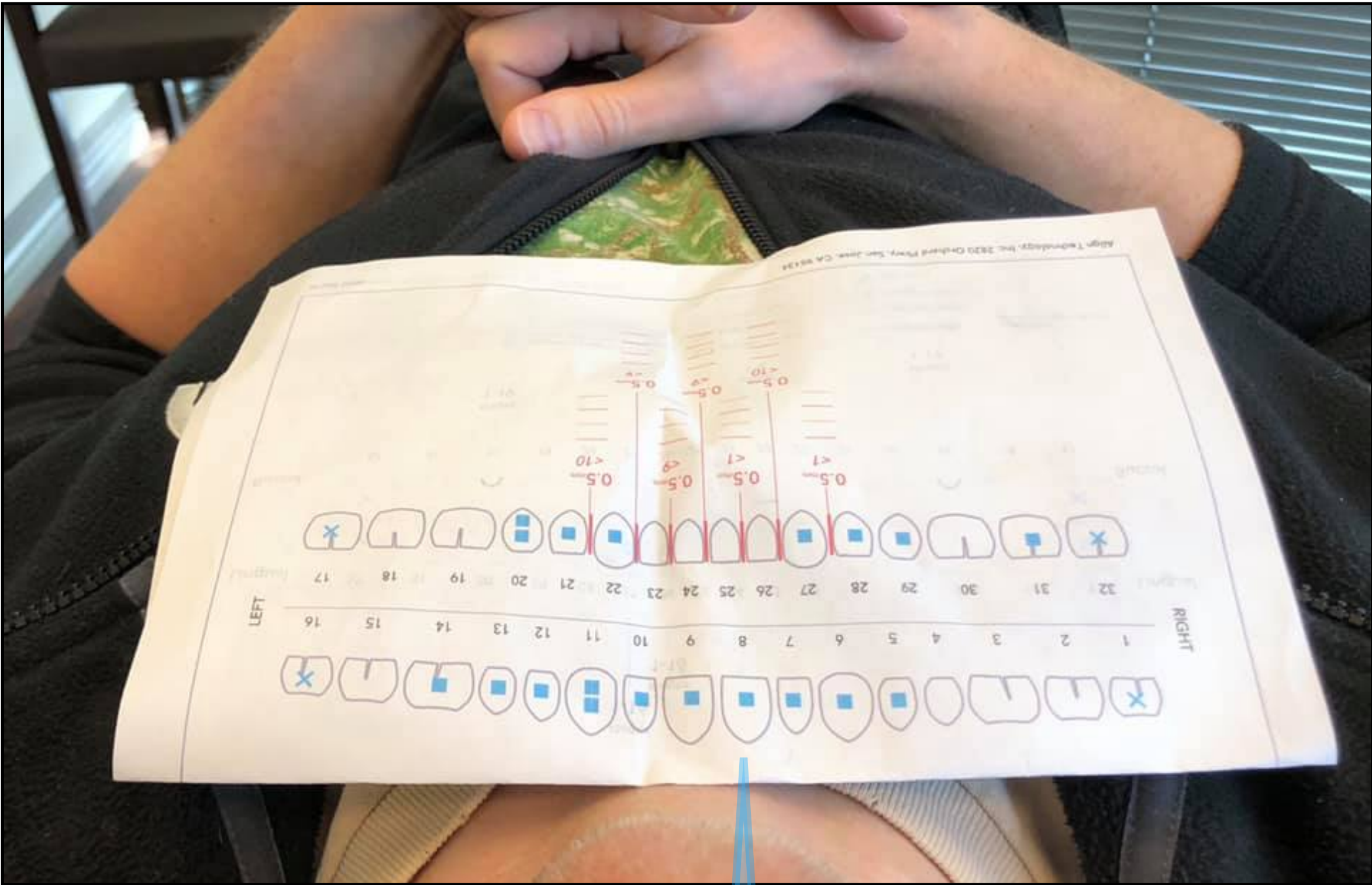
DISPOSITIVO DE ORTODONTIA

ORTHODONTIC APPLIANCE

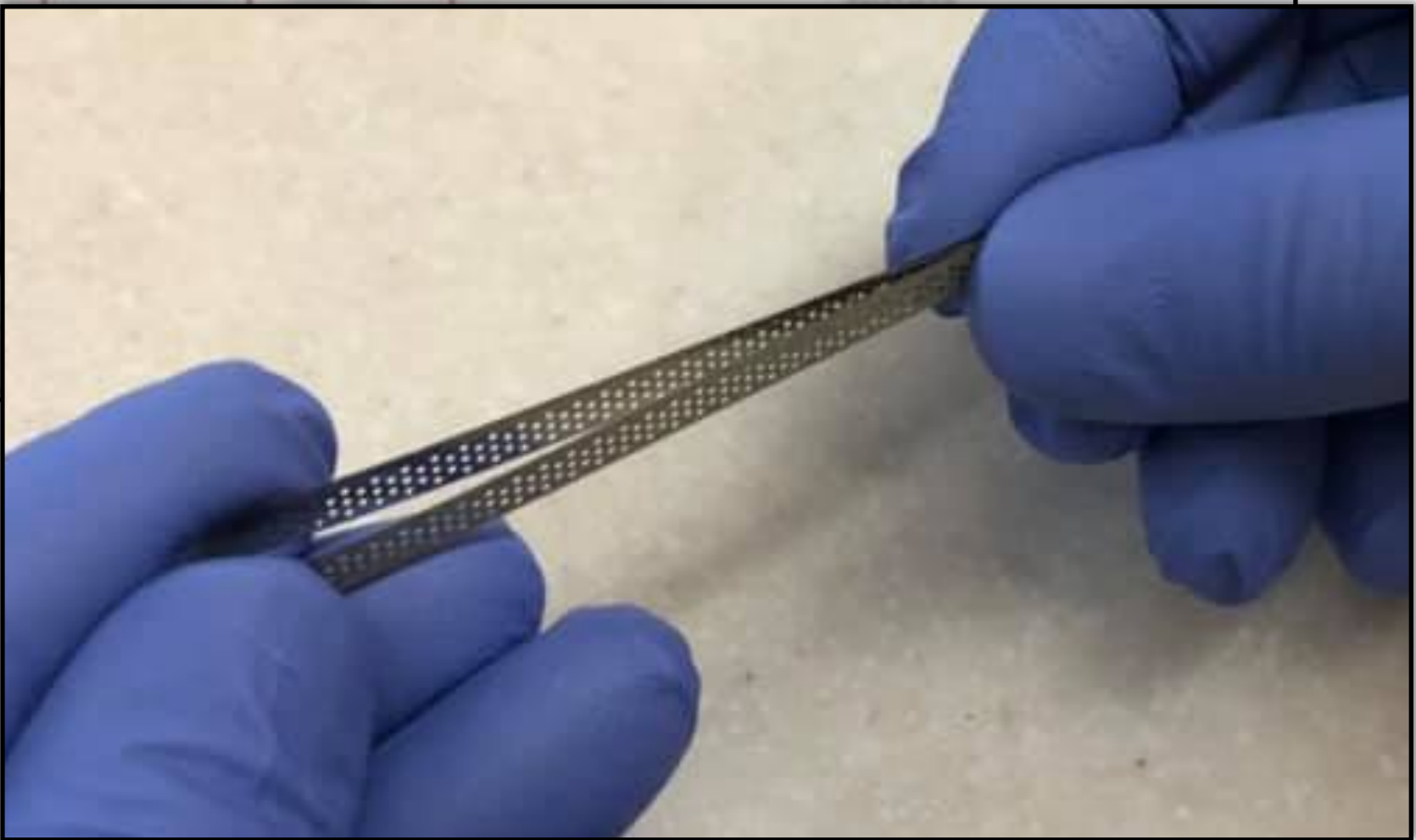
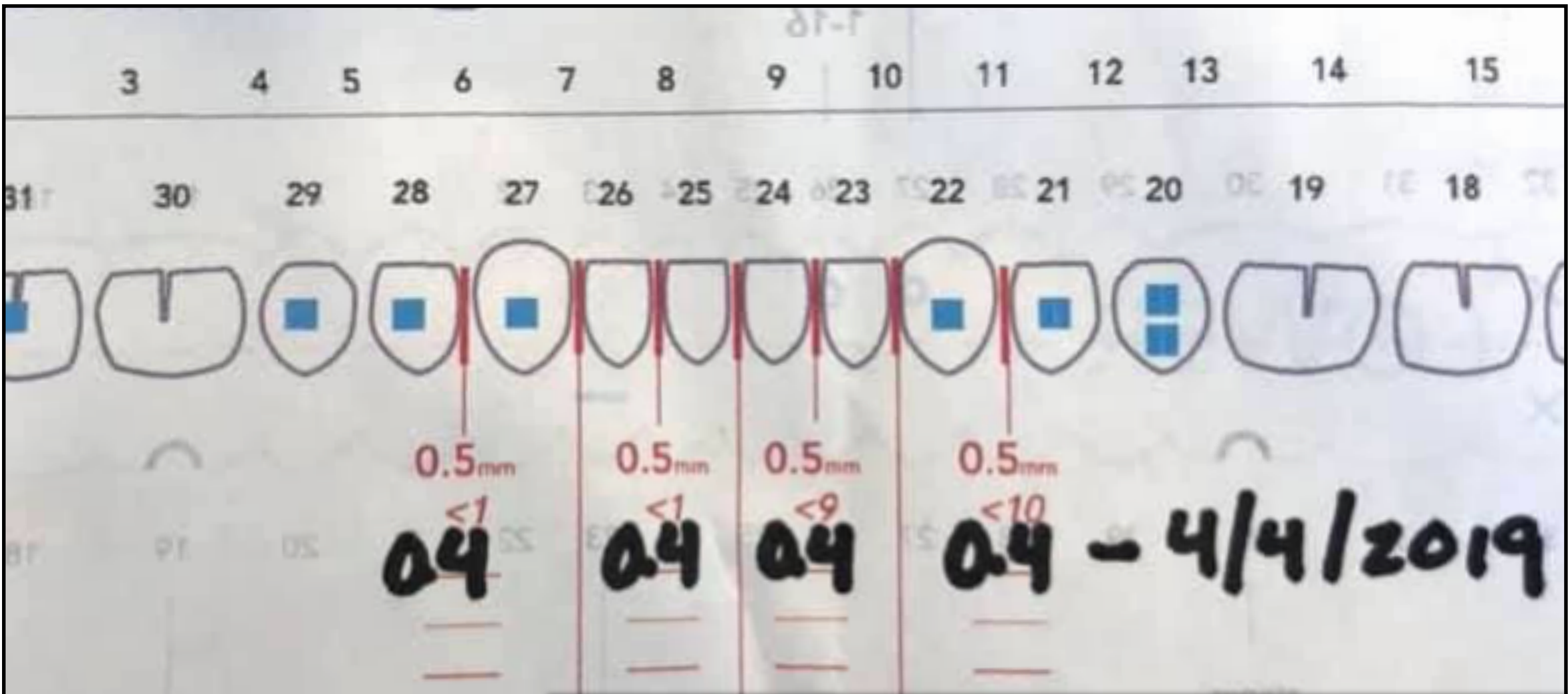
- NO IPR
- NO ANTERIOR ATTACHMENTS
- UR7 BONE LOSS - MONITOR
W/ FREQ. PANO.



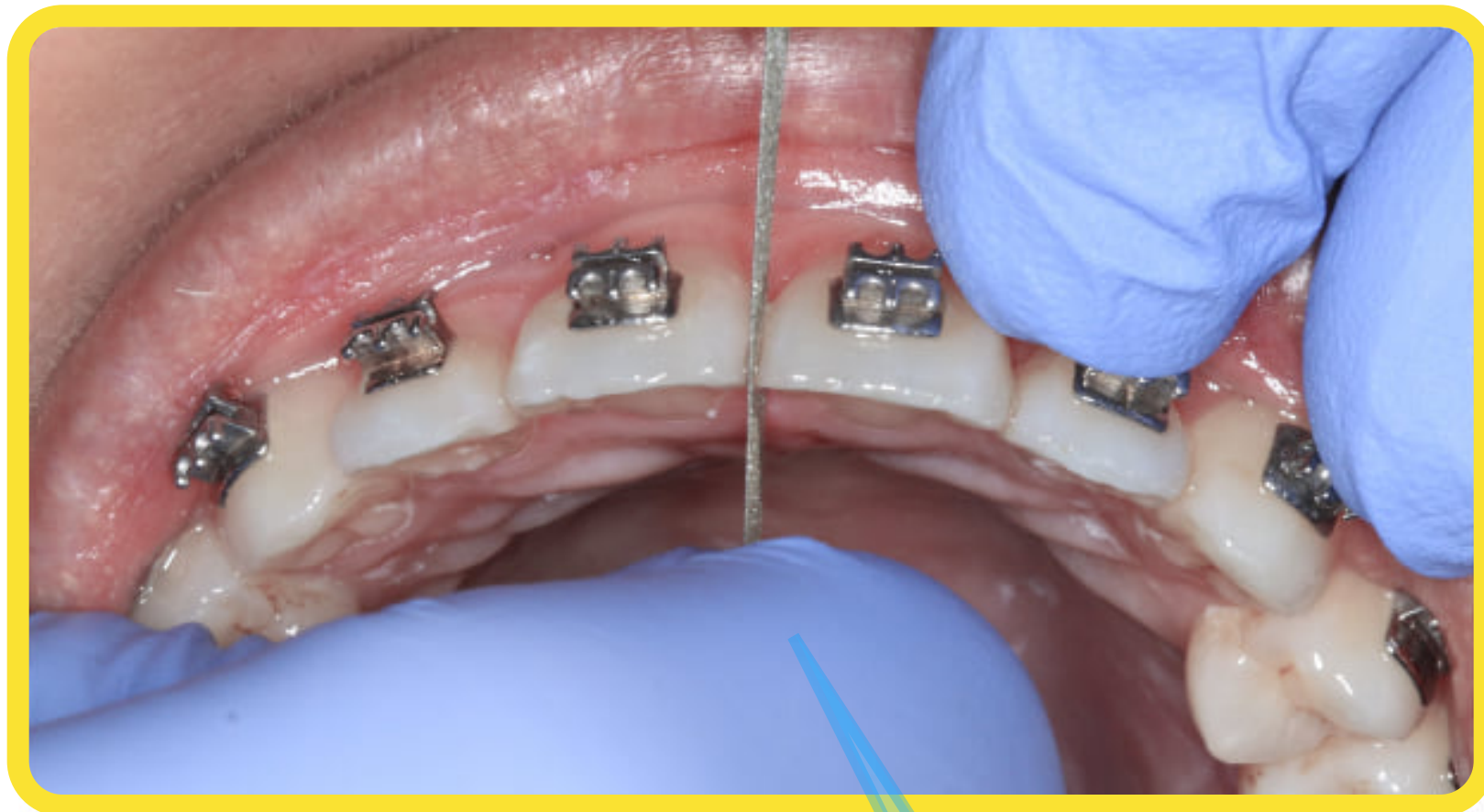
LABEL YOUR IPR SHEET ACCURATELY



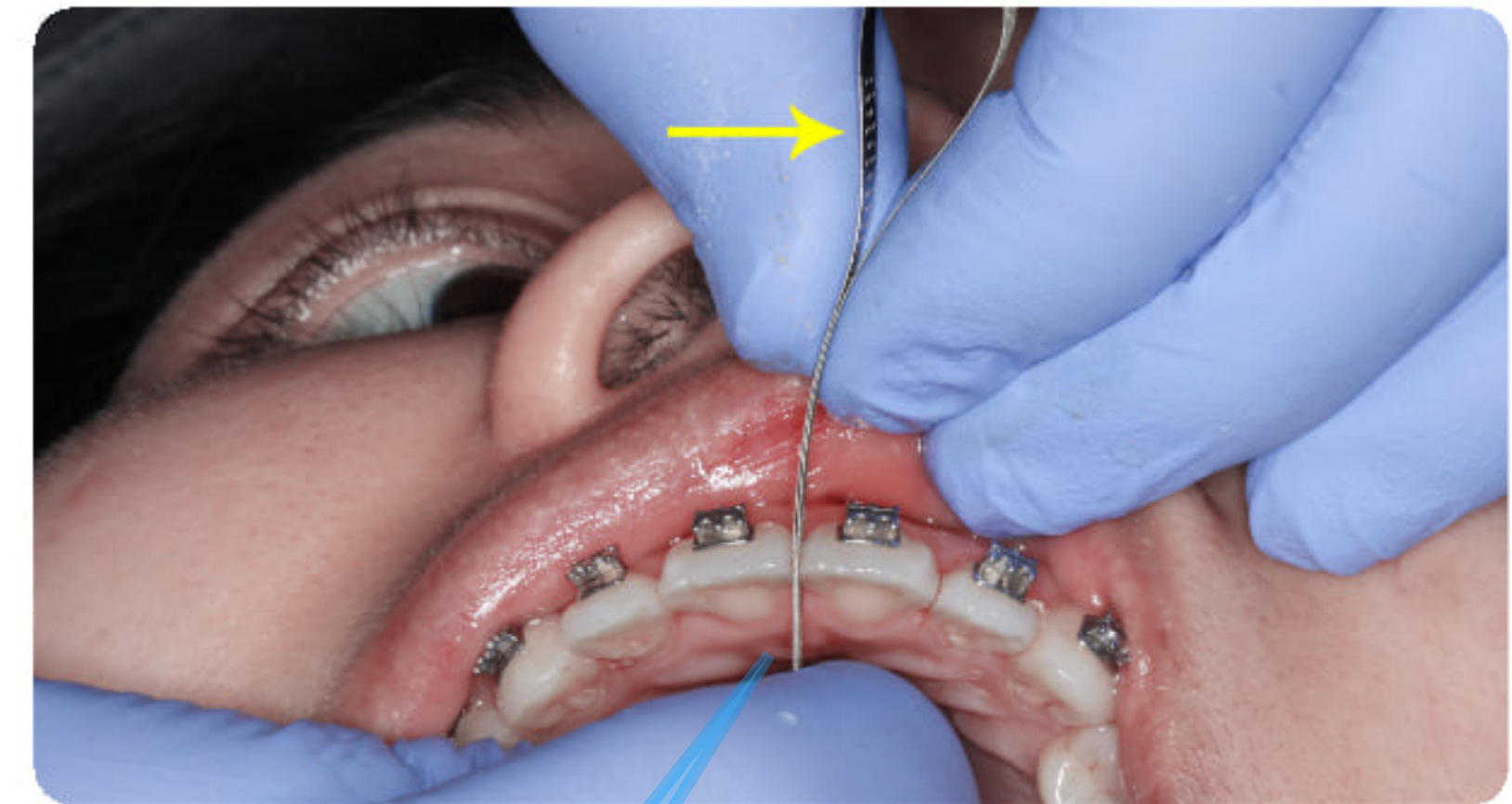
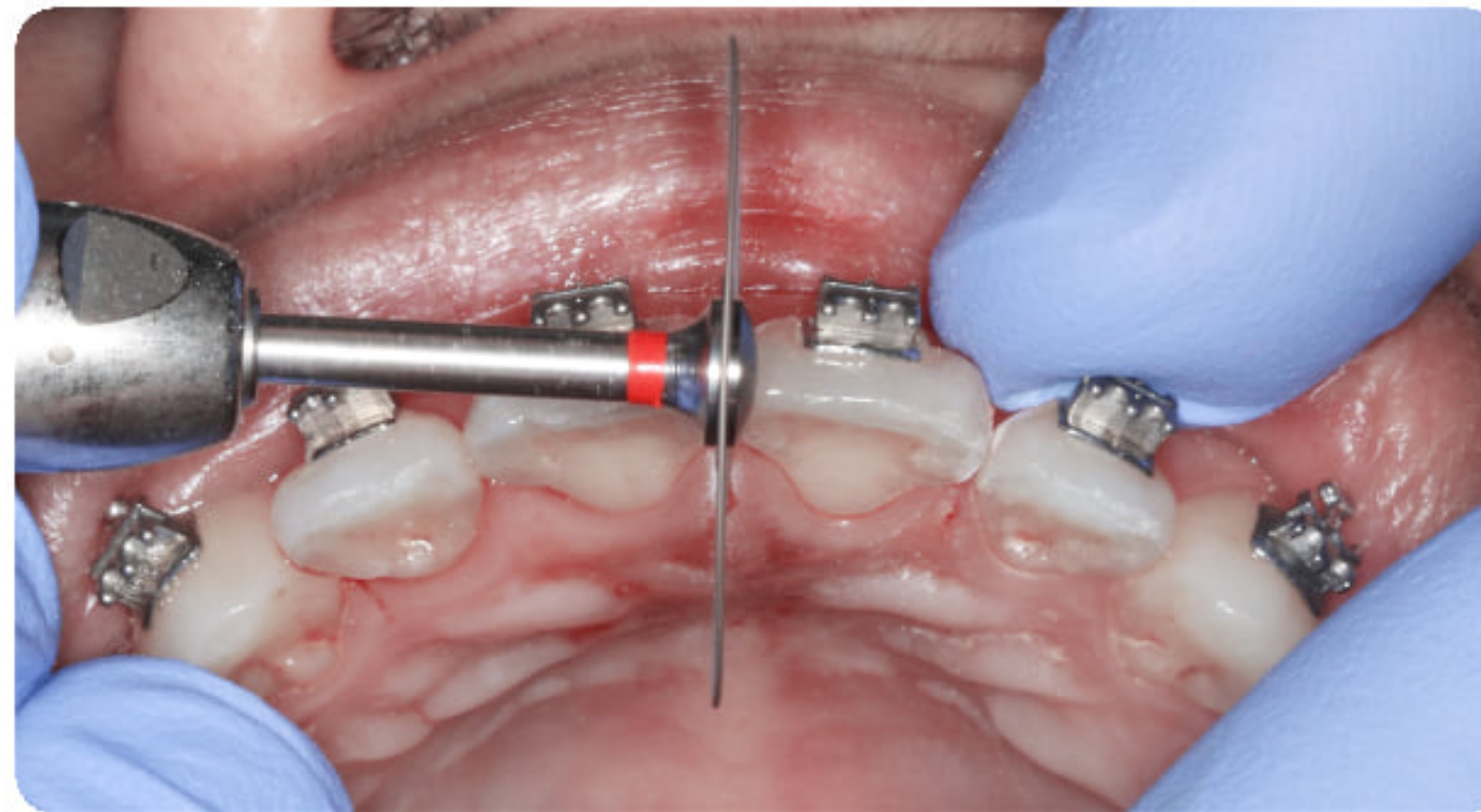
FLIP FOR ORIENTATION



PEARL: STRIP-DISC-DOUBLE STRIP

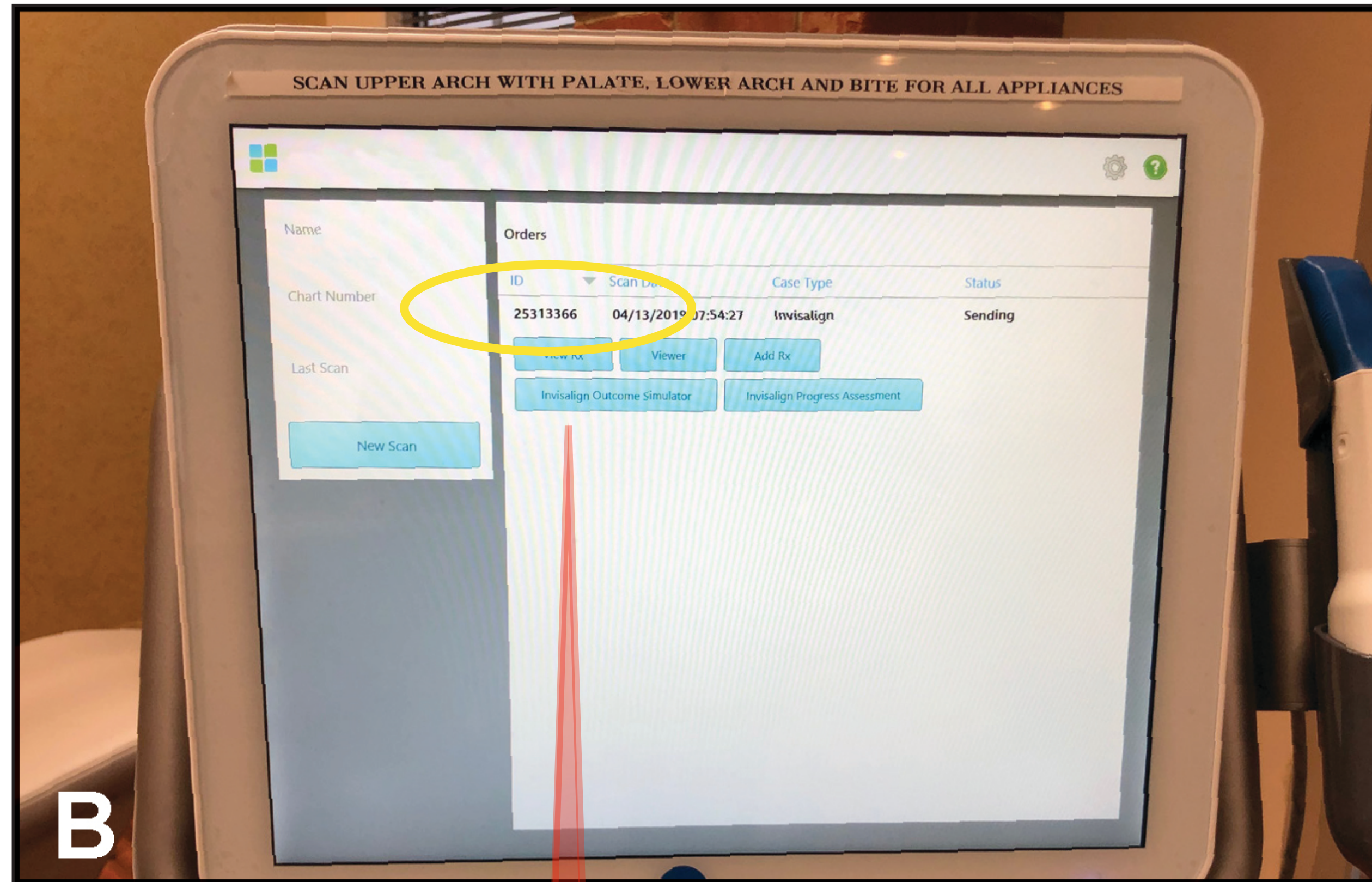


USING THE STRIP FIRST
PREVENTS LEDGES AND
DISC CATCHING



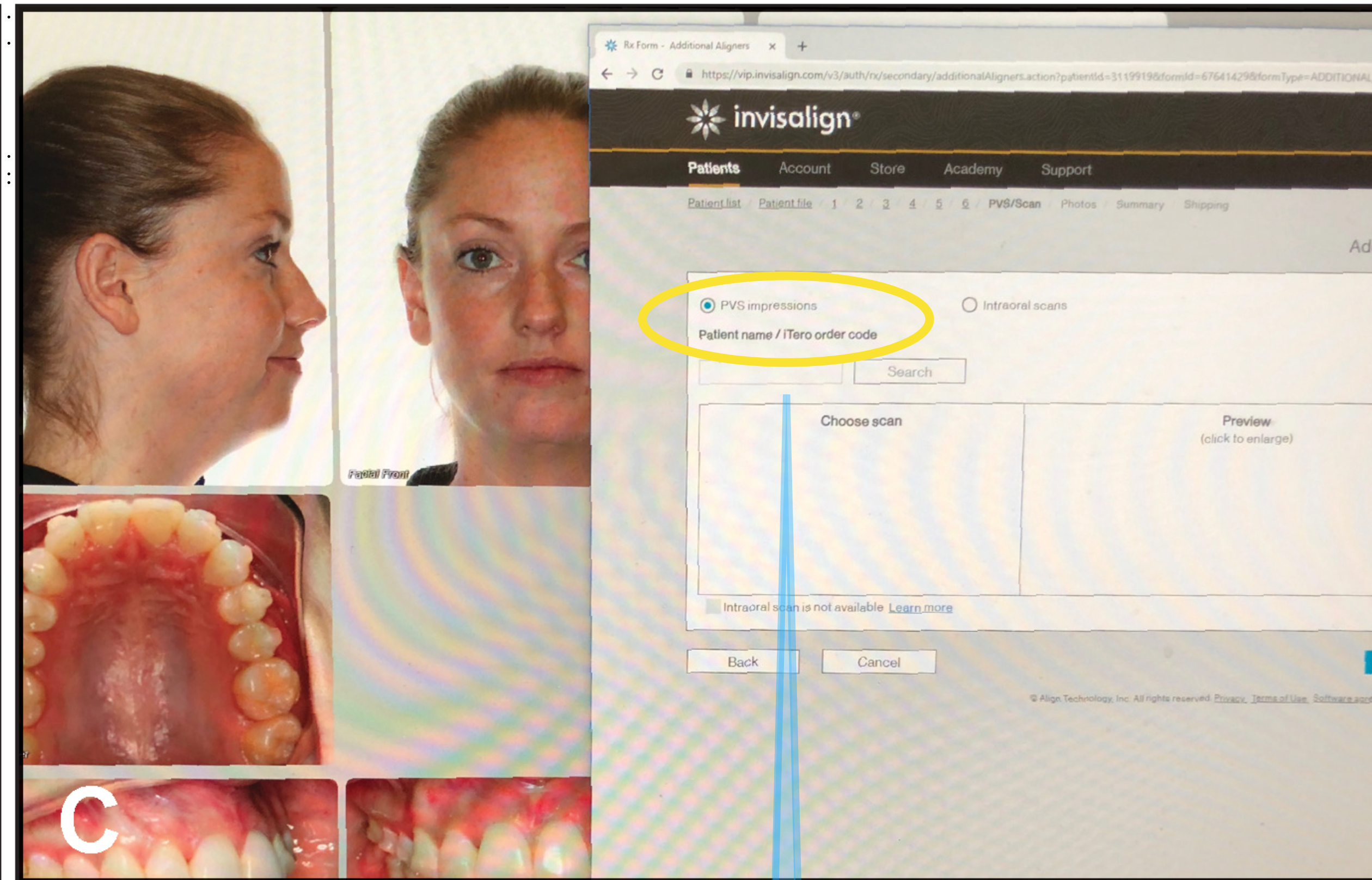
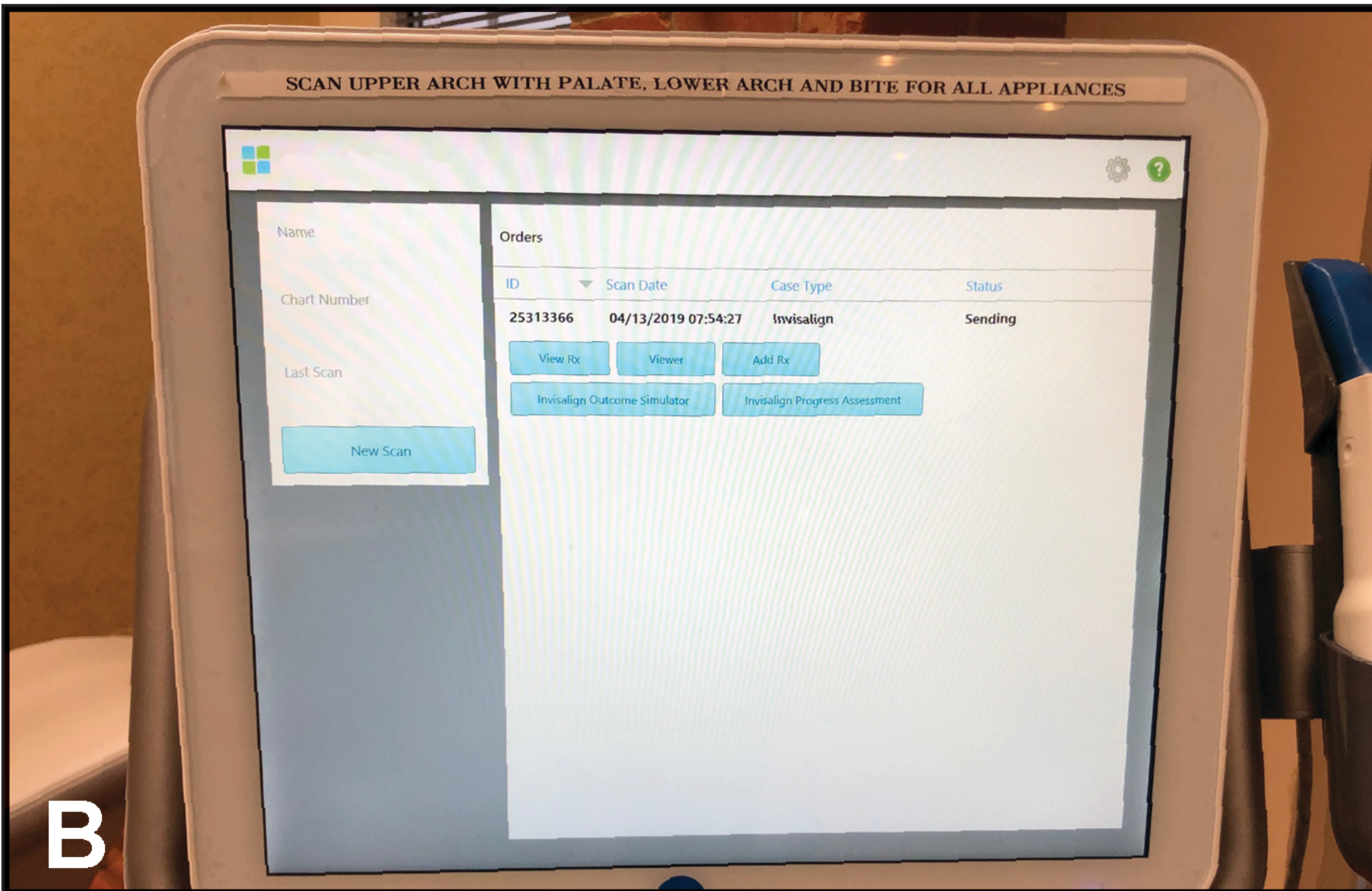
THE IPR STRIP IS
FOLDED ON ITSELF TO
USE BOTH SIDES

TRANSFER AN INVISALIGN SCAN



RECORD SCAN ID NUMBER

TRANSFER AN INVISALIGN SCAN



THE TREATING ORTHODONTIST SUBMITS
REFINEMENT AND SELECTS "PVS IMPRESSION"

A HIGH VOLUME
INVISALIGN OFFICE
REQUIRES SYSTEMS
WITH CHECKS AND
BALANCES



STAFF DUTIES



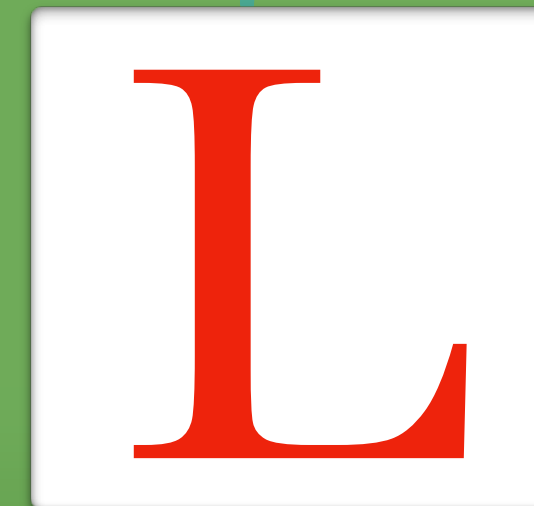
STAFF PULLS LABS AT END OF DAY



ADD THE LAB ALERT

Doe, John
OC20
Scheduled

THE LAB ALERT SHOULD BE PLACED
BY THE TEAM MEMBER WHO RECEIVES
THE LABS IN THE MAIL. IN OUR
OFFICE, THIS IS A FRONT DESK
MEMBER.



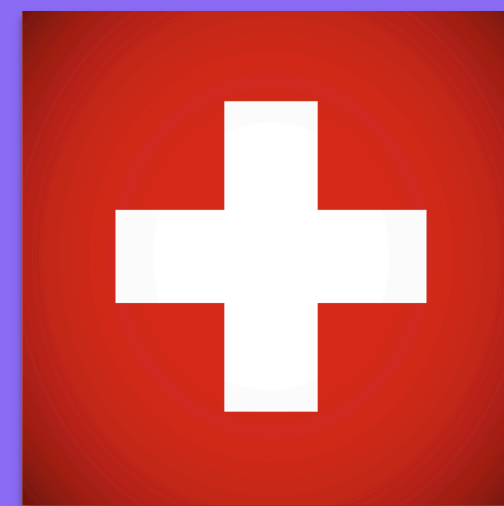
REPOSITIONING APPOINTMENT

Doe, Jane

BB30

“BOND AND BAND” 30 MINUTES

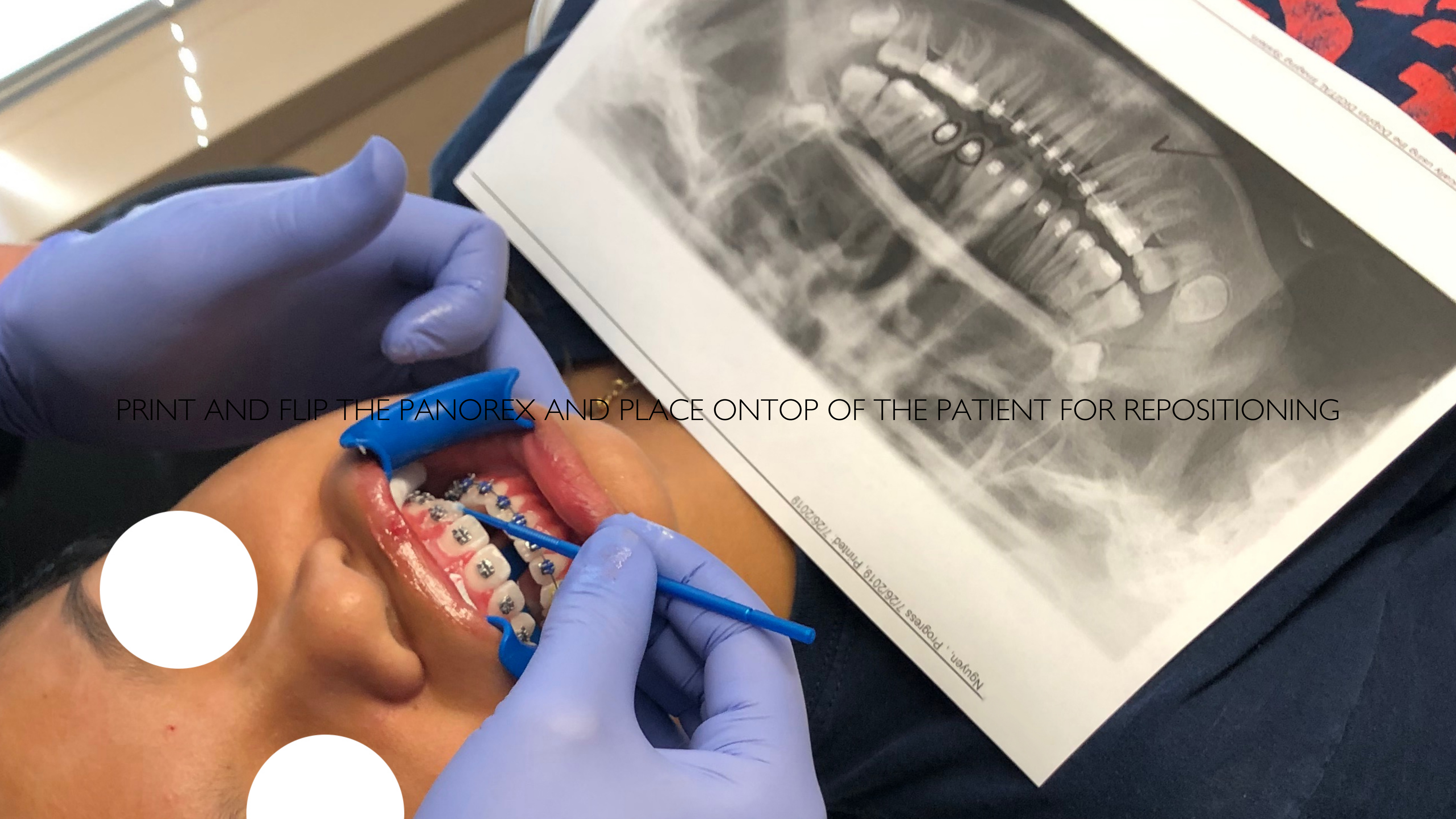
Scheduled

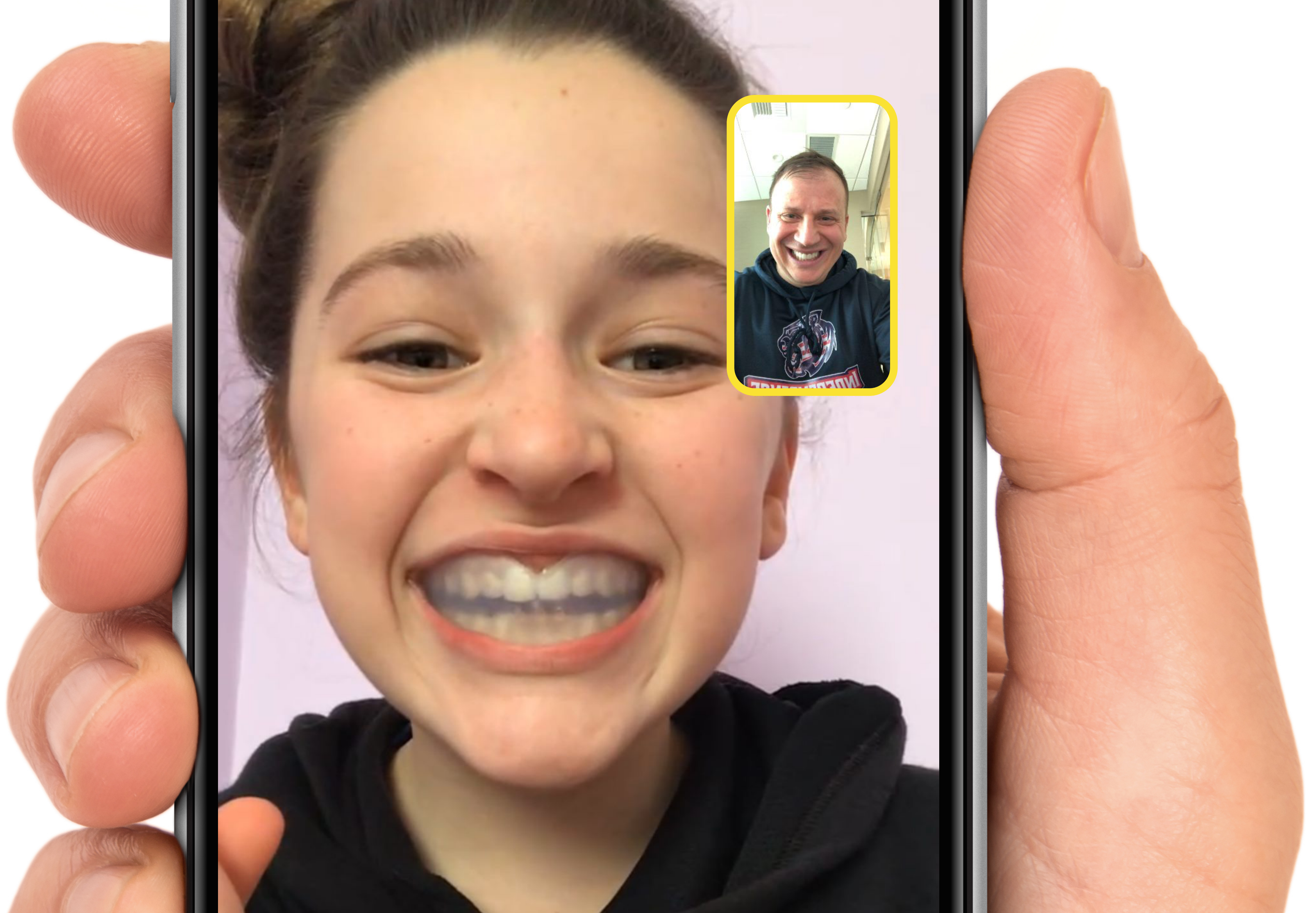




PRINT AND FLIP THE PANOREX AND PLACE ON TOP OF THE PATIENT FOR REPOSITIONING

PRINT AND FLIP THE PANOREX AND PLACE ON TOP OF THE PATIENT FOR REPOSITIONING







Invite Emmanuel to Messenger

AUG 9, 9:09 AM

Thank you for referring the Blake girls! Great family. Alexandria does not need a Phase I but she has early early signs of a bilateral MxCP1 canine-premolar transposition. During her observation over the next 1.5 years, I may refer for sequential extraction of Bs, and then C's to try to correct these teeth during eruption.



Jessica Thai

to shaykayamboo, me ▾

2:55 PM (6 minutes ago)



Dr. Kravitz says your smile is absolutely gorgeous and no orthodontic treatment is needed. First priority should be the cavity and third molars.

Jessica Thai, DDS MS

On Wed, Oct 2, 2019 at 1:39 PM Shay Kayamboo <shaykayamboo@gmail.com> wrote:

Hi Jennifer,

Thank you for your referral! So will doing the Invisalign not be helpful in my case? Just asking for clarification :)

Thanks,
Shay Kayamboo

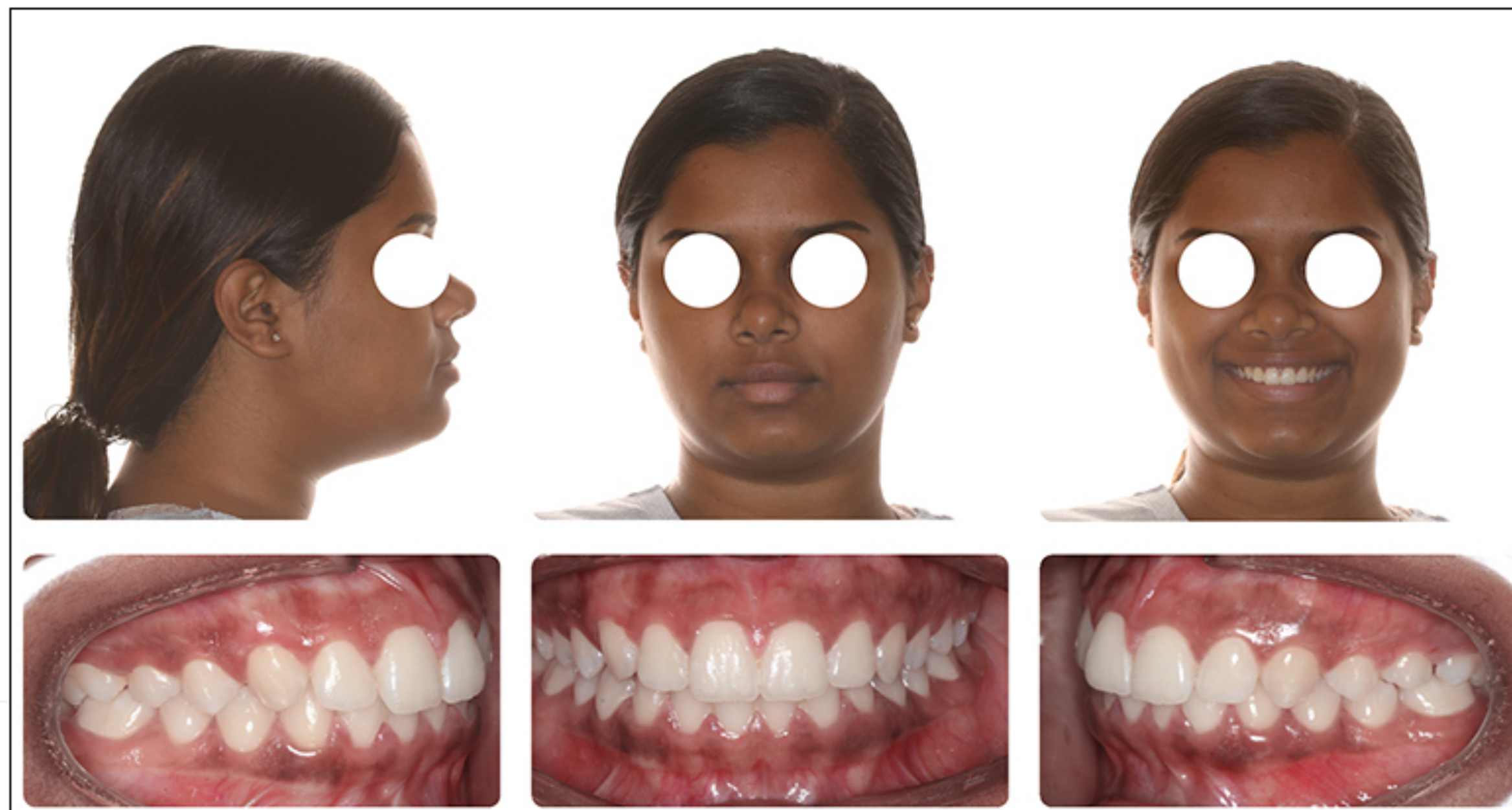
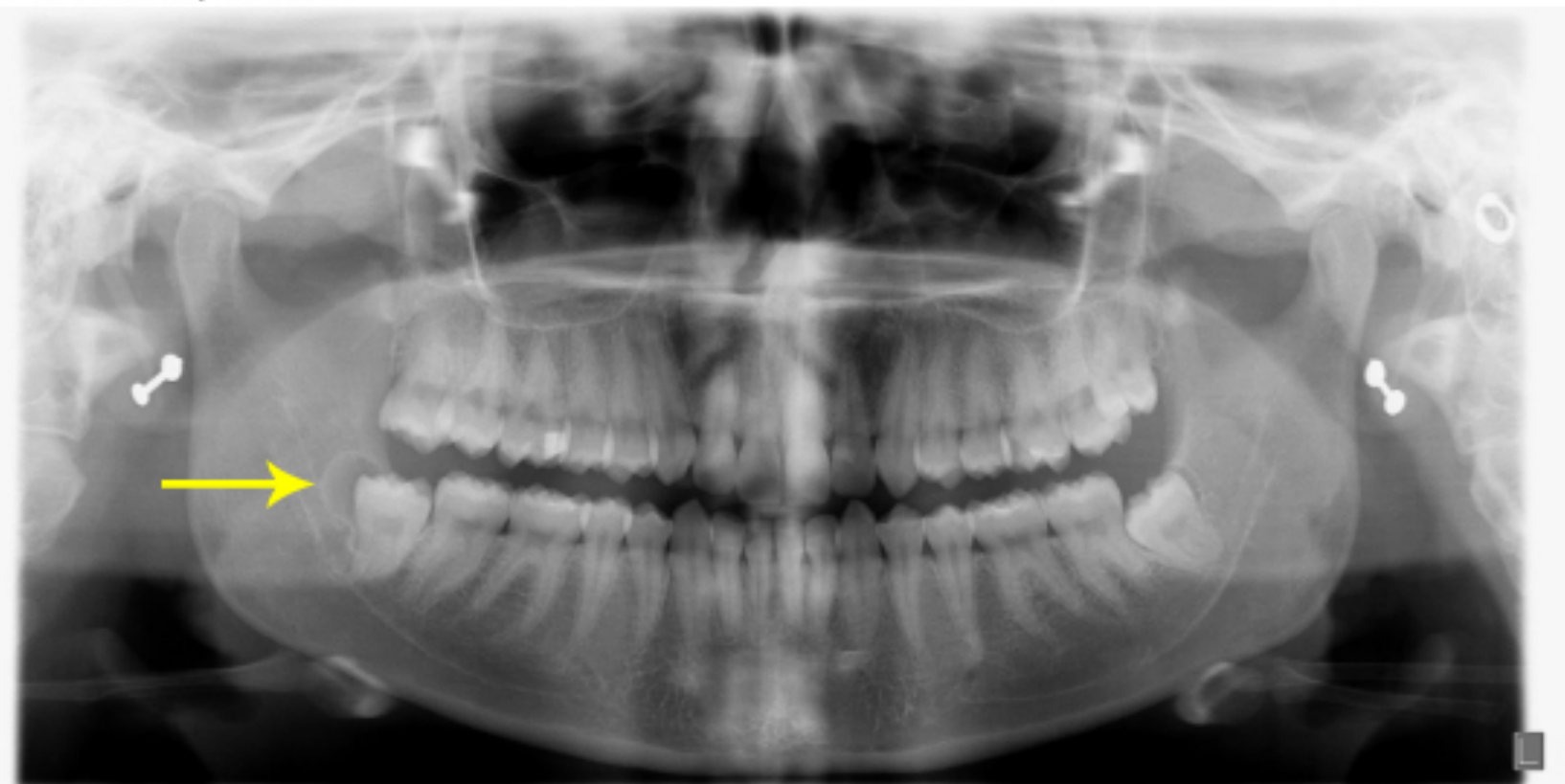
On Wednesday, October 2, 2019, Jessica Thai <jessica.thai.dds@gmail.com> wrote:

Dear Shay,

It was a pleasure meeting you yesterday to discuss your orthodontic concerns. I have reviewed your case with Dr. Kravitz and no treatment is necessary orthodontically. We do recommend a comprehensive oral exam with your general dentist and to have an oral surgeon evaluate your third molars (wisdom teeth) within the next 2-3 months to address the developing dentigerous cyst. I have attached copies of both referrals from yesterday below along with your panoramic x-ray. If you should have any questions, please feel free to contact us.

Sincerely,

Jessica Thai, DDS MS



Neal D Kravitz DMD, MS

to Jonelle ▾

Please save to chart



A large, bold, white capital letter 'D' is centered on a solid red square background.

DOMINANCE

A large, bold, white capital letter 'I' is centered on a solid orange square background.

INFLUENCE

A large, bold, black capital letter 'S' is centered on a solid yellow square background.

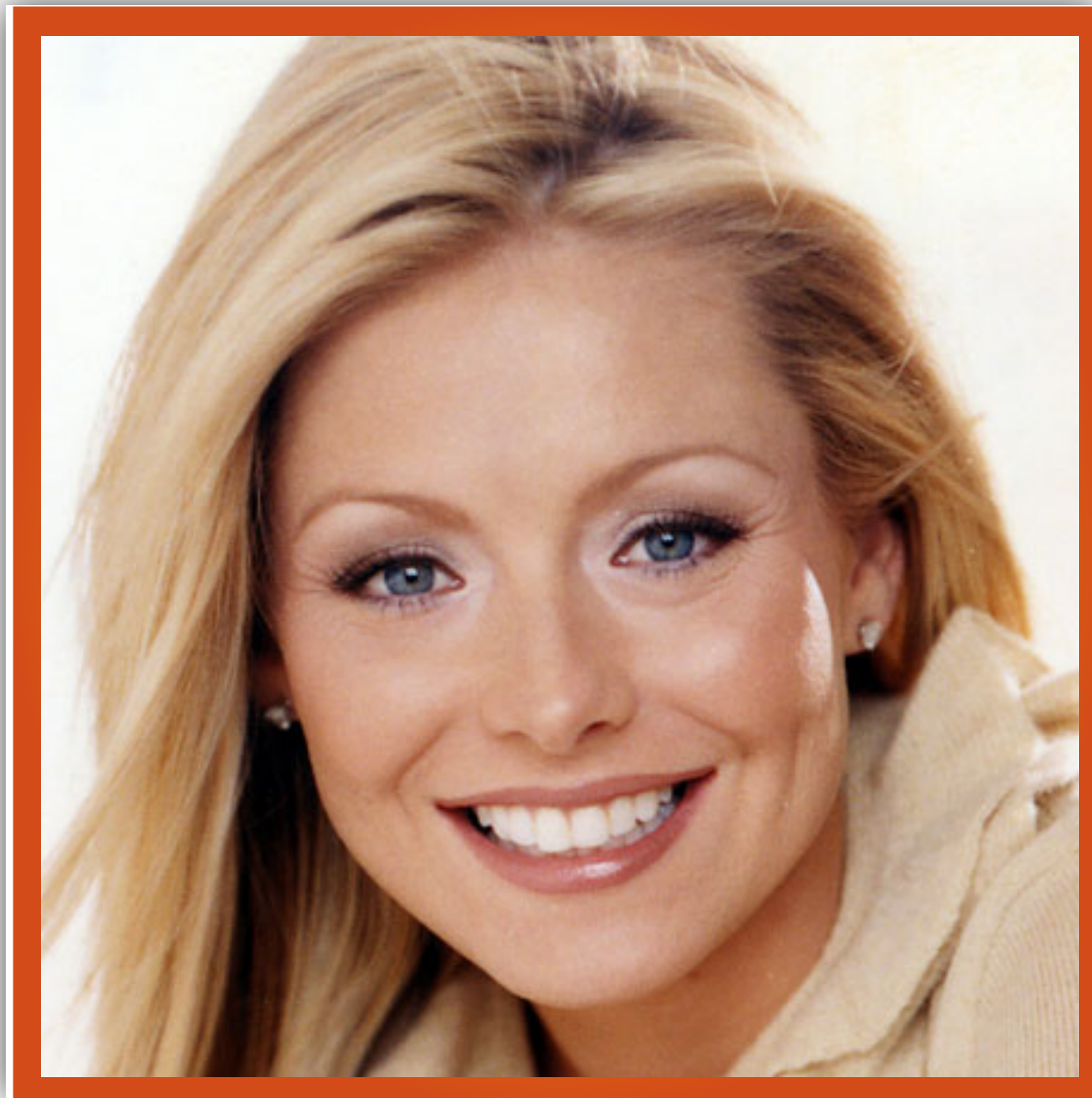
STEADINESS

A large, bold, black capital letter 'C' is centered on a solid light yellow square background.

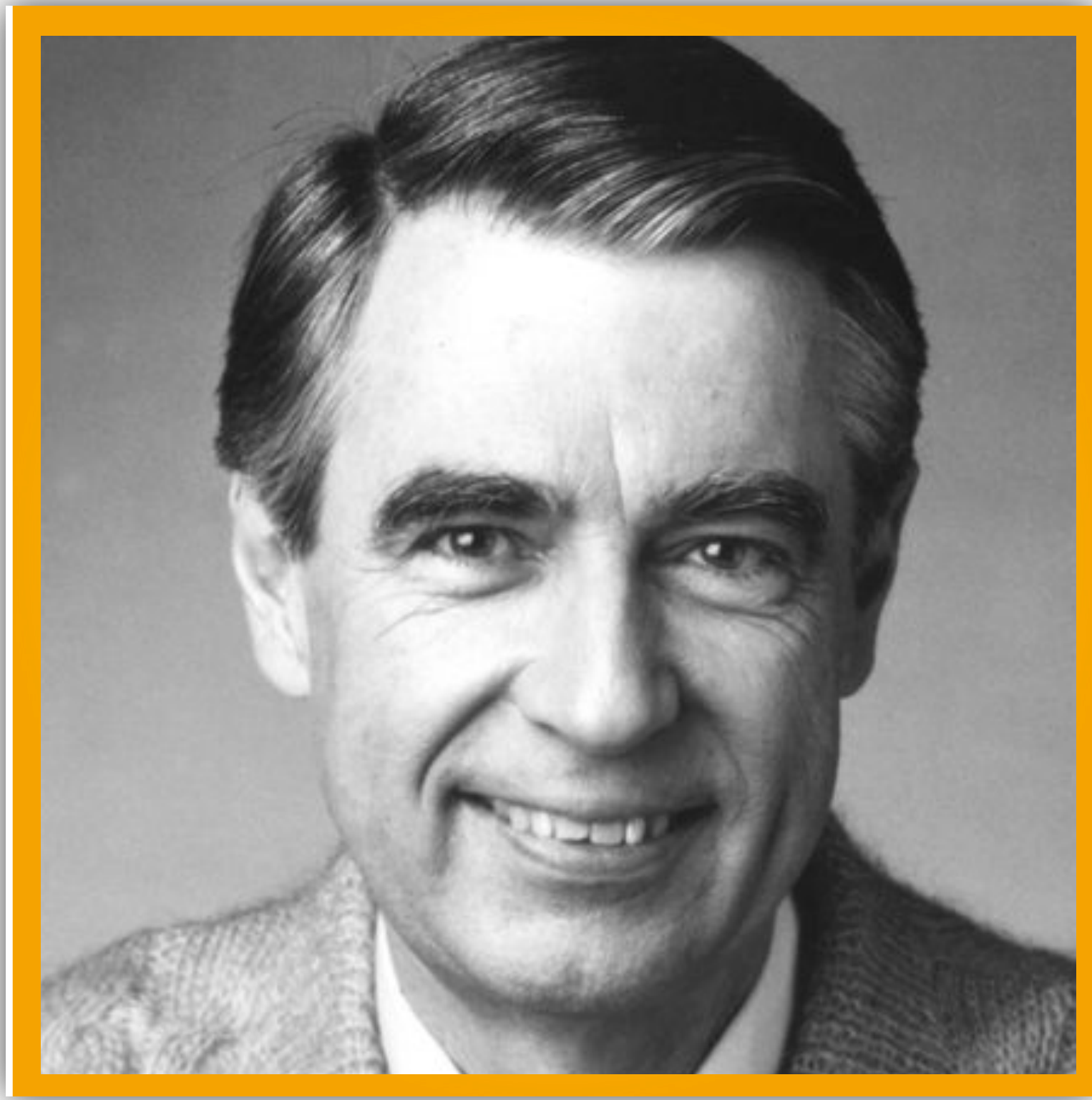
CONSCIENTIOUSNESS



- ✦ **DECISIVE AND DRIVEN**
- ✦ COMPULSIVE, COMPETITIVE, STUBBORN
- ✦ READY-***FIRE***-AIM
- ✦ FOCUSED ON RESULTS



- ✦ **INSPIRING AND INTERACTIVE**
- ✦ ENTHUSIASTIC, EXPRESSIVE, FUN
- ✦ ***SUPER READY (YAY!)-AIM-FIRE***
- ✦ FOCUSED ON RELATIONSHIPS



- ✦ **STABLE AND STATUS-QUO**
- ✦ ACCOMODATING, HARMONIZING
- ✦ READY-AIM-FIRE, (***SIR!***)
- ✦ FOCUSED ON RELATIONSHIPS

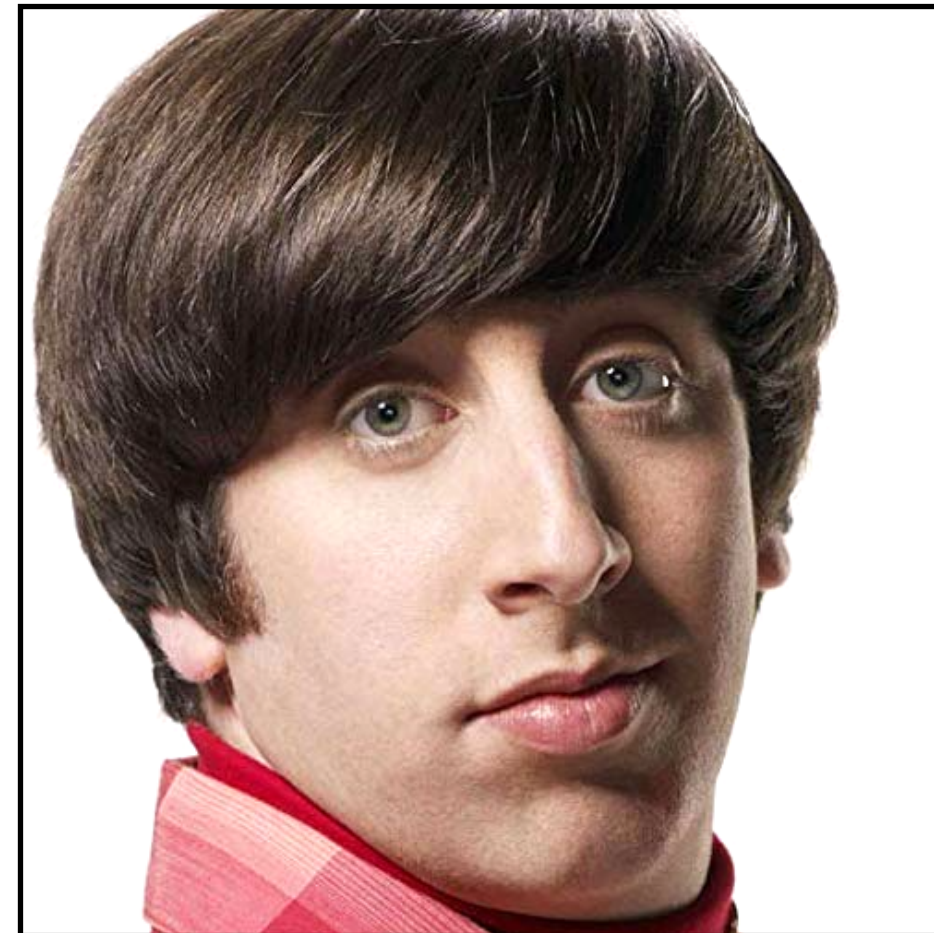


- ✦ **CRITICAL AND CAREFUL**
- ✦ RESEARCHER AND PERFECTIONIST
- ✦ ***IM NOT QUITE READY-AIM-AIM-AIM....***
- ✦ FOCUSED ON RESULTS

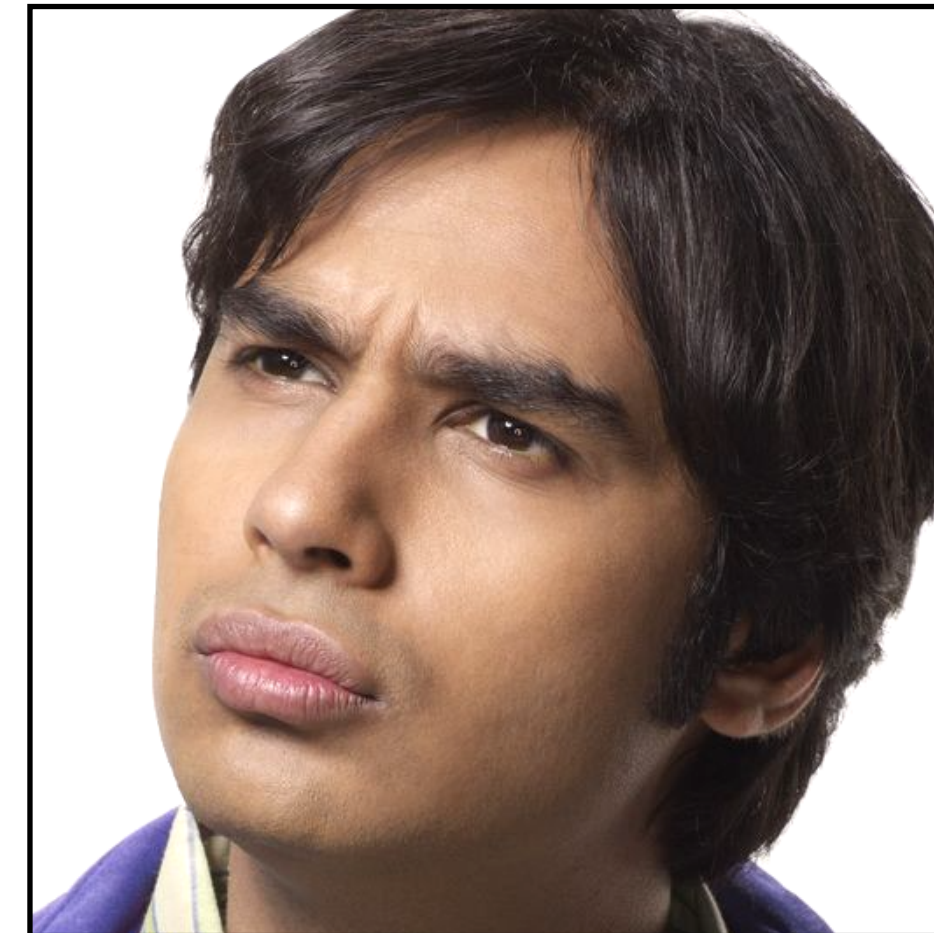
YOU'VE SEEN THIS BEFORE



LEONARD



HOWARD



RAJ



SHELDON

Body dysmorphic disorder: A screening guide for orthodontists

Mario Polo

San Juan, Puerto Rico

Body dysmorphic disorder is a psychiatric condition that affects about 2% of the population. The objective of this article was to create awareness among orthodontists of this disorder and offer guidelines for its detection. As clinicians providing cosmetic services, orthodontists are likely to have patients with body dysmorphic disorder requesting treatment. (Am J Orthod Dentofacial Orthop 2011;139:170-3)

First described in 1886 and documented by Morselli as dysmorphophobia¹ and eventually recognized as a disorder by the American Psychiatric Association in 1987, body dysmorphic disorder (BDD) is a mental con-


Adolescents with BDD first sought nonpsychiatric treatment at a mean age of 14.8 years (SD, \pm 1.5 years; range, 13-17 years). Among the 528 procedures or treatments sought, the most frequently requested were

Body dysmorphic disorder in adult orthodontic patients

Sarah Hepburn^a and Susan Cunningham^b

London, United Kingdom

Introduction: Body image plays an important role for patients seeking orthodontic treatment. It affects how patients feel about their physical appearance and, in extreme cases, can lead to subjective fears of ugliness. When there is a physical defect that, although within normal limits, seems far more noticeable to the patient, this may be diagnosed as body dysmorphic disorder (BDD). This interview-based study was designed to assess BDD in adults attending the Orthodontic Department at the Eastman Dental Hospital in London for their initial consultations for orthodontic treatment and also in the general public. **Methods:** A total of 70 members of the general public and 40 patients, all over 18 years of age, were assessed. The BDD modification of the Yale-Brown obsessive compulsive scale was used for diagnosis of BDD. **Results:** BDD was diagnosed in 2 members of the general public (2.86%) and 3 patients (7.5%). **Conclusions:** It is important to have an understanding of body image and to be able to identify orthodontic patients who have BDD. These patients are rarely satisfied with the results of treatment, and it is therefore important to recognize them to avoid unnecessary treatment and to refer them for appropriate management. (Am J Orthod Dentofacial Orthop 2006;130:569-74)

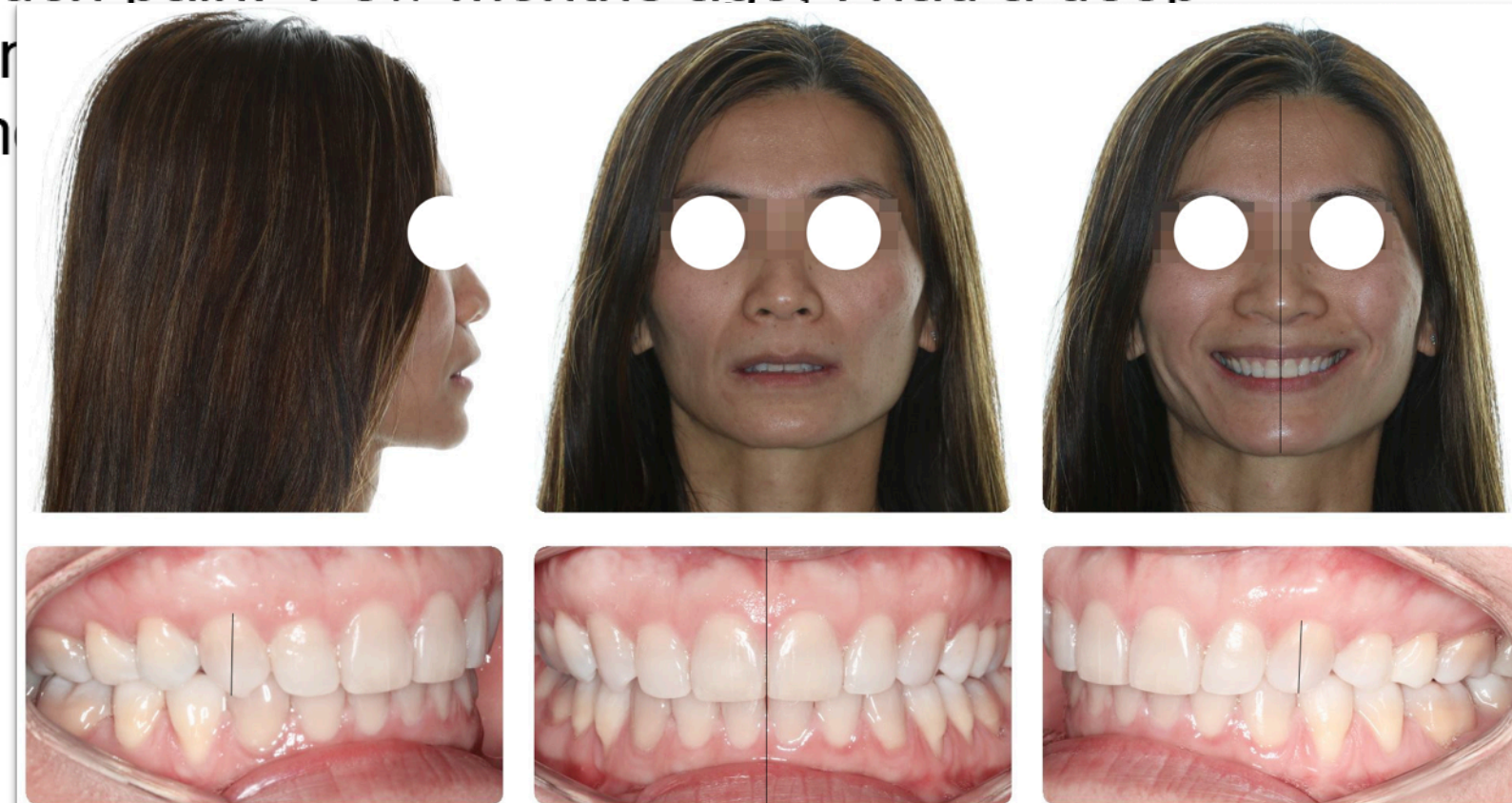


TREATING C-PERSONALITY PATIENTS WILL BE YOUR GREATEST SOURCE OF STRESS
THEY DOCUMENT EVERYTHING SO YOU BETTER DOCUMENT EVERYTHING

On Thu, Nov 1, 2018, 7:18 PM [REDACTED]@gmail.com> wrote:

I went to see my primary doctor and he said I have TMJ. Now I'm having another issue. My tongue is pushing my top teeth. Very uncomfortable. I feel my face is still tilted. When i look at the mirror in my car, I can't see my whole face because it's tilted. I'm having a problem turn my left side espically when I'm driving. One night i couldn't sleep because my left rib shoulder hurt so bad and still does. I feel so much pain today while i was in a meeting. And the right side of my face is a slight higher than my left. Can we not tweet my left to be the same like my right side? Just move the teeth around espeiclaly I'm having TMJ issue. And we can tweet afterward if needed. I really don't want to go through so much pain. Few months ago, I had a deep cleaning for my gums. And I can see my two front permanent retainer else it takes more force to m

[REDACTED]



YOUR STAFF'S
BEHAVIORS AND
COMMENTS ARE
RECORDED BY THE
PATIENT

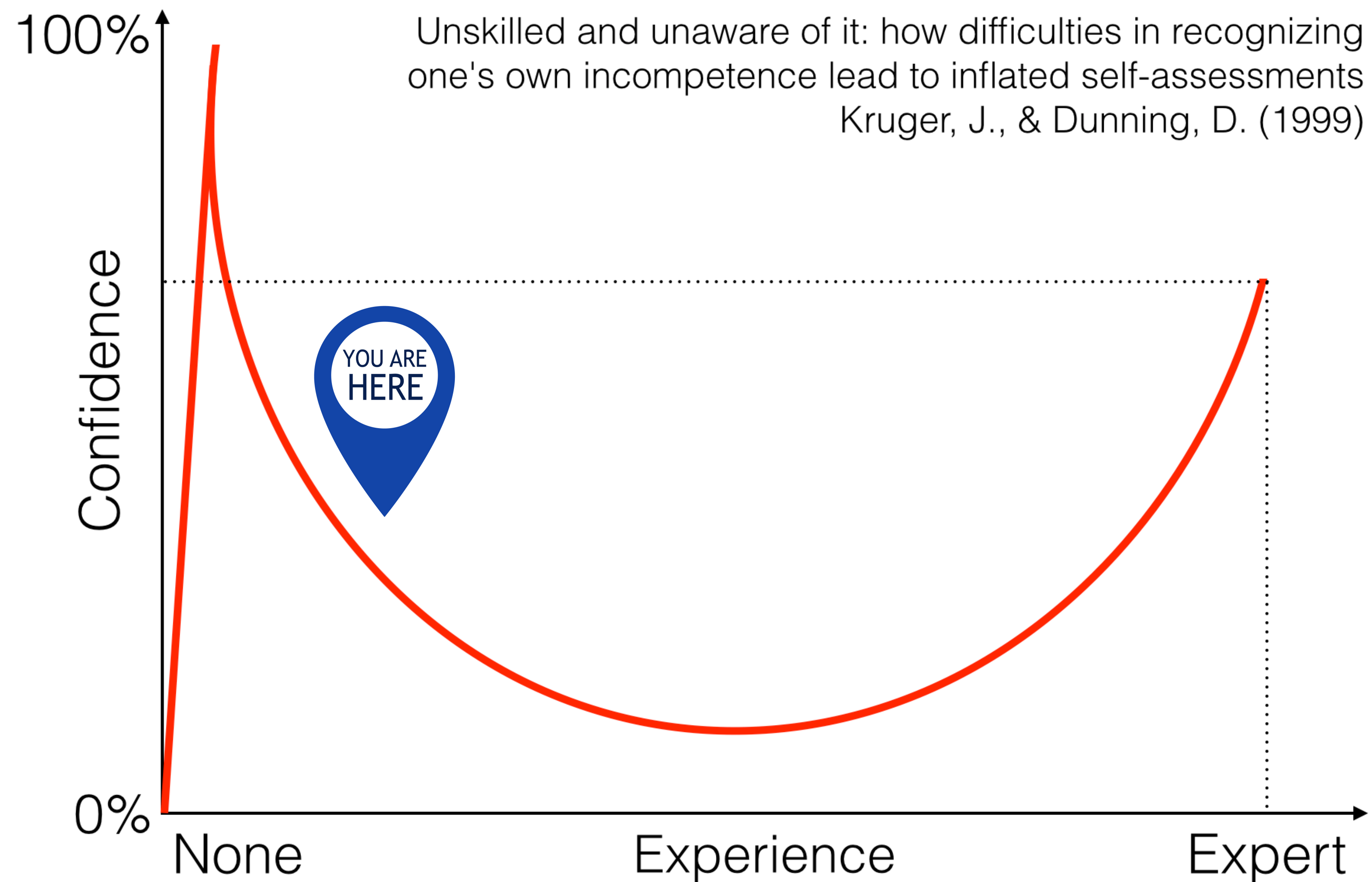


	SUMMARY OF RECORDS
PHOTOS	PR30 APPOINTMENT EVERY 3 MONTHS
CONSENT	SEPARATE CONSENT: PHASE I, PERIO, SPECIAL
SCHEDULE	PROPER APPOINTMENT LABELS AND ALERTS
INVISALIGN	USE STARS AND NOTES
STAFF	EVERYTHING COUNTS AS RECORDS (GOOD/BAD)
SUMMARY	QUALITY RECORDS = QUALITY TREATMENT

WHAT REALLY HAPPENS



DUNNING-KRUGER EFFECT



A tall, white lighthouse stands in the middle of a dark, stormy sea. The lighthouse has a red light glowing from its top. The sky is filled with dark, heavy clouds, and the water is turbulent with white foam from the waves crashing against the base of the lighthouse. The overall mood is dramatic and powerful.

BE THE LIGHTHOUSE IN SOMEONE ELSE'S STORM

THANK YOU

NEALKRAVITZ@GMAIL.COM

