

## **Welcome**

Welcome to our practice. We appreciate the opportunity to provide you with orthodontic care. Our staff is made up of professionals who work together as a team to bring you the highest quality treatment in a calm and caring setting.

## **Orthodontics**

Orthodontics is the dental specialty relating to straightening and moving the teeth using braces and retainers. On your first visit, Dr. McCray will examine your teeth and explain what type of treatment is necessary, and approximately how long the treatment will last and the fees involved.

## **Julie F. McCray D.D.S., M.S.**

Dr. McCray received a Bachelor of Science in engineering from the University of Iowa in 1983. In 1987, she received a Doctor of Dental Surgery degree from the University of Nebraska. In 1990, she received a Master of Science degree and orthodontic specialist certificate from St. Louis University.

Dr. McCray is a member of the American Dental Association and the American Association of Orthodontists. The American Board of Orthodontics certified Dr. McCray in 2001. She serves as a part-time clinical faculty member in the orthodontic department at St. Louis University.

Dr. McCray and her husband Mike have four children, and they reside in University City. She is active in many school and community organizations.

## **Office Hours**

The office is open on the following schedule:

Monday	Noon to 7 PM
Tuesday	9:00 AM to 5:30 PM
Thursday	9:00 AM to 5:30 PM
Friday	9:00 AM to 5:30 PM

We see all patients by appointment only. Please call 314-721-5551 to schedule appointments.

## **Patient Safety**

All efforts are made to provide our patients with the best protections and quality care that they deserve. All of our disinfection and sterilization procedures meet or exceed published standards.

## **Fees and Payments**

We make payment plans with all of our patients, and your options will be discussed at your consultation appointment. Payments are due by a specific date and may or may not coincide with appointments. Payments can be made in person or by mail, and all forms of payment are accepted.

## **Insurance**

Orthodontic insurance through your employer may cover some of your orthodontic expenses. Please check on your benefits before your initial visit. We will work with you to assure that you receive the maximum benefits to which you are entitled. If insurance is cancelled during the treatment, the patient/responsible party is ultimately responsible for the full fee.

**Patient Name** \_\_\_\_\_.

**Date** \_\_\_\_\_.

## **Orthodontic Problem**

Crowding  
 Spacing  
 Overbite  
 Underbite  
 Crossbite  
 Missing teeth  
 Blocked out/impacted teeth

## **Appliances needed**

Full braces  
 Phase I \_\_\_\_\_  
 Retainer only  Perfector  
 Invisalign

## **Extractions needed**

Yes  premolars  other  
 No  Re-evaluate

**Time:** 18-24 6 12 24 + months

**Fee \$** \_\_\_\_\_ . See option sheet

## **Appointments needed**

Records (1/2 hour)  
 Braces on 2 weeks later (1 hr)  
 Pick up aligners 6 weeks later  
 3 appts. a week apart (1/2 hr each)  
 Recall  3 month  6 month  
 other \_\_\_\_\_

Adjustment appointments every 6-8 weeks

Retainers after the treatment will be important to maintain your smile.

We appreciate your referral of friends and family to our office.

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