

## Completing Run-On Cases

By Dr. Dean C. Bellavia

The usual reasons for *not finishing cases on time* are cooperation of the patient (missed appointments and non-wearing of appliances) or the doctor's level of satisfaction with the present result. A proven *step-wise program* to deal with run-on cases that is mutually satisfying to the patient and practice is detailed below. This program is used to initially clean up run-on patients and is also used monthly to identify and deal with new run-on patients, thus wasting less appointment time. One person is in charge of this program, typically the TC, but not necessarily.

### 1. Identify patients whose treatment is past its *Estimated Completion Date/Time*

- Use the “**Run-on Program Control Log**” to list run-on patients alphabetically at first and then chronologically as they occur in the future.
- Enter the “Patient's Name” (Last, First), “*Original Estimated Completion Date*” and the “Patient's *Next Appointment Date*”
- Flag the patient's Tx Chart by writing **RO** (for run-on) in bold RED letters near the last chart entry
- Indicate in the Next Tx part of the Tx Chart, “DR RO Evaluation & Consult Needed”
- Each week if possible, for all the run-on patients with appointments next week, call the patient and tell the responsible decision-maker to be at the next appointment to discuss “...the completion of their treatment...”.

### 2. At the run-on patient's Next Appointment

- The doctor reviews the case and determines a realistic DeBand Date and notes it in large red letters on the next blank appointment line on the Tx Chart. The DR may also write “DeBand Immediately” if fed up with the case.
- The person in charge of the program has a consult and discusses the patient's options using an “**Agreement on Disposition of Orthodontic Treatment**” (see below), indicating their choice that the treatment is:
  - *TO BE CONTINUED* up to the doctor's realistic deband date at a specified monthly fee (please note, you can charge a monthly fee only if you pre-warned them, typically in their Financial Agreement)
  - *TO BE TERMINATE IMMEDIATELY* at the next available debanding appointment.
- The “**Agreement on Disposition of Orthodontic Treatment**” is completed and signed, depending on their decision:
  - The “**Run-on Program Control Log**” is filled in including: The “Dr's Realistic DeBand Date”, the “Date Pt/Family Sign the Disposition Agreement”, the “Patient/Family's Disposition Decision”, and any “Comments”.
  - If the patient's decision is to terminate treatment, a debanding appointment is made and entered on the control log in the “Date Debanded” column. Once debanded, the “Dr's Realistic DeBand Date” column is highlighted.

### 3. The Patient is treated up to the “Dr's Realistic Deband Date”

- The person in charge of this program reviews the “Run-on Program Control Log” weekly, focusing on the “Dr's Realistic DeBand Date” column for all patients NOT highlighted.
  - If the realistic date is past, the case is reviewed with the doctor and the appropriate actions taken.
  - NOTE! Non-cooperators must be debanded immediately! They had their chance and blew it.
  - If debanded immediately, the bottom half of the “**Agreement on Disposition of Orthodontic Treatment**” form is signed and a debanding appointment is scheduled and entered on the control log in the “Date Debanded” column. Once debanded, the “Date Debanded” column is highlighted.
- Every patient listed on the “**Run-on Program Control Log**” must be debanded and the “Date Debanded” column highlighted WITHIN A YEAR OF his or her “*Original Estimated Completion Date*”!

## Agreement on Disposition of Orthodontic Treatment

Patient's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### If treatment is *TO BE CONTINUED*:

I, the patient, parent or legal guardian of the patient named above hereby agrees to the following program for completion of this patient's orthodontic treatment.

- With patient cooperation, this treatment should be completed by (month)\_\_\_\_\_ (year)\_\_\_\_\_.
- This patient's braces will be removed if the treatment is successfully completed.
- Should treatment *not* be successfully completed by this date, this patient agrees to sign the bottom half of this agreement and terminate treatment at the discretion of the doctor.
- There will be a monthly charge of \$\_\_\_\_\_ for each month until the case is debanded, starting (month)\_\_\_\_\_ (year)\_\_\_\_\_.

_____	_____
Patient, Parent or Guardian's Signature	Date
_____	_____
Doctor's Signature	Date
_____	_____
Witness's Signature	Date

### If treatment is *TO BE TERMINATED IMMEDIATELY* – Liability Release:

I, the patient, parent or legal guardian of the patient named above hereby approves the premature removal of all orthodontic appliances and the conclusion of active orthodontic treatment.

I acknowledge that I have been informed that this orthodontic treatment is being terminated prematurely.

This practice is hereby absolved of any and all professional responsibility and legal liability at any future date with regards to possible failure or relapse associated with the dental structures of this patient's teeth, specifically related to alignment of occlusion.

_____	_____
Patient, Parent or Guardian's Signature	Date
_____	_____
Doctor's Signature	Date
_____	_____
Witness's Signature	Date

**Use Your Own  
Personal Form  
Original**