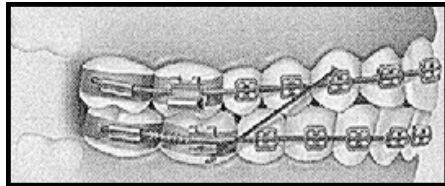


# Stretch

## ELASTIC BANDS

Elastics are tiny rubber bands that move your upper and lower teeth together in ways that braces alone cannot. This improves how your teeth fit (your bite). Check in the mirror and look at the picture below to see how they hook onto your braces.



It will take a few days to get used to putting in your elastic bands, but after that you will be able to do it with your eyes closed. For the first week your mouth and teeth will be sore or you may have a mild headache. Over-the-counter pain relievers will help. WEARING ELASTICS AS PRESCRIBED WILL REDUCE PAIN FASTER. Elastics can break and you may feel them snap in your mouth. You may even swallow one! This is **not** a problem. Always carry spare elastics with you and replace the broken one right away.



**DR. STEPHEN C. GURZA**  
**ORTHODONTIST**

**THE BRACE PLACE®**  
*Smiles corrected while you wait*

Thornhill SQ:301-300 John St. Thornhill [905-731-3323]  
Finch Midland Med.: 4190 Finch Ave. E. [416-754-0640]  
Yonge-Davisville: 1910 Yonge Street [416-489-1313]

# YOUR GRIN

## *Wearing your elastics*

*We will show you how to place the elastics on your braces. Use the diagram below to help you remember which teeth to hook the elastics to. Count from your front teeth back. Place elastics on the numbered teeth as shown. Call right away if you run out or lose your elastics.*

### **When to wear elastics**

You will probably be asked to wear the elastics 24 hours a day. That's because they don't work if worn less time! Here are a few things to remember:

- **Sleeping**

Wear elastics all night.

- **Eating**

Leave on for drinking and snacks but if you wish they can be removed for main meals. Replace when finished

- **Brushing**

Take off elastics to brush and floss. Replace when finished.

- **Activities and Sports**

Leave elastics on unless you wear a mouthguard.

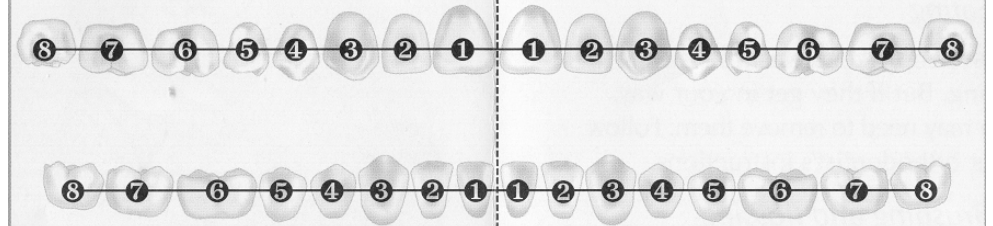
### **Important News:**

1. Change your elastics once each day.

2. Check your bite daily for over-correction as shown.

Upper Right

Upper Left



Lower Right

Lower Left

### **YOUR INDIVIDUAL ELASTIC PRESCRIPTION WILL BE:**

? All the time

? At home only

? When sleeping only

? Other: \_\_\_\_\_

### **YOUR INDIVIDUAL ELASTIC TYPE WILL BE:**

? Owl

? Bear

? Quail

? Kangaroo

? Other: \_\_\_\_\_

**PLEASE BE CONSISTENT AND FOLLOW YOUR PRESCRIPTION CLOSELY**