



Food Recommendations

Foods to ENJOY During Orthodontic Treatment

- Berries, sliced fruits, shredded raw vegetables, cooked vegetables, salads
- Ground meat, tender and slow-cooked meats, sausage, fish, tofu, veggie burgers
- Yogurts, ice cream, pudding, jello, cake, fondue
- Chowders, soups, pasta, noodles, lasagna, lentils, beans, sushi, rice, quinoa, chia
- Slow-cooked/crock pot meals rather than air-fried meals
- Oatmeal, overnight oats eggs, smoothies, sliced bread, croissant bread, pita bread, pancakes, French toast (no crust) soft tortillas, polenta, cheese quesadillas
- Mashed sweet potatoes, root veggies
- All sauces, curries, dips, dressings, hummus, guacamole, spreads, nutella, marmalades, jams, jellies, nut butters

Friendly Alternatives to:

- **Chips:** Kale chips, Brussel sprout chips, rice paper chips, nori (seaweed chips)
- **Cookies:** Cake, cake Mix Cookies, brownies, blondies, muffins, cupcakes (no nuts)
- **Panko/Bread Crumbs:** Flour (lightly baked or pan-seared)
- **Gummies:** Jello (all flavors)
- **Pizza Crust:** Cauliflower or pita bread crust
- **Bleached-Flour Pasta:** Whole grain pasta and rice, glass noodles, veggie noodles
- **French Fries:** Sweet potato fries, steak fries
- **Bagels/Waffles:** Pancakes and croissants

Foods to AVOID During Orthodontic Treatment

- Hard rolls, bagels, chewy or hard granola bars, pizza and pizza crust, cookies and crackers
- Fried and breaded foods such as mozzarella sticks, chicken nuggets or cutlets, fried chicken and chicken wings, French fries
- Crunchy foods such as Doritos, Cheetos, Nachos, Takis and hard-shelled tacos, nuts
- Tough and chewy meats, such as, steak, pork chops, roasted pork, jerkies and Slim Jims
- Sticky foods such as gum, licorice, Sugar Daddies, Skittles, Tootsie Rolls, caramels, jelly beans, Starburst, lollipops, rice crispy treats
- Pens, pencils, hoodie strings, blankets, nails, straws, ice, bottle caps, straws and other non-food items

I, _____, have read and understand the above care instructions and agree to care for/supervise my child's eating habits. I understand that if I do not follow these guidelines, the results of treatment may be compromised and there may be relapse.

Signature of patient/parent/guardian: _____ Date: _____