

Legal Report By: Dr Raj Kumar
Client Name: [REDACTED] [REDACTED]

REPORT OF
DR RAJ KUMAR
BDS LDS RCS MAGDS RCSED MSC ImpDent PGCert Orthodontics
PGCert Facial Aesthetics
DENTAL SURGEON

EXPERT FIELD RESTORATIVE and IMPLANT DENTISTRY

On Instruction of:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Subject Matter: Condition and Prognosis

Date of Report: 26/2/2022

On Behalf of: [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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SECTION ONE

SUMMARY

SUMMARY

- 1.01 [REDACTED] started orthodontic treatment on 02/02/15.
- 1.02 It was started on a non-extraction basis, but the UR6 was discovered late to have extensive decay.
- 1.03 The extractions of UR6 and UL6 extended the fixed appliance therapy but also did not correct the posterior crossbite.
- 1.04 LD has an overjet of 4mm with a retrognathic profile.
- 1.05 She may or may not opt for reconstructive surgery to achieve a skeletal 1 profile.
- 1.06 The LR1 and LL1 have suffered labial gingival recession.
- 1.07 LR has extensive gingival recession with bone loss and its prognosis is guarded.

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SECTION TWO

INSTRUCTIONS

INSTRUCTIONS

2.01 I am Dr Raj Kumar. My expertise is in General Dentistry having over 30 years' experience in both NHS and Private dentistry. I have over 20 years' experience in placing implants and over 16 years' experience in Invisalign orthodontics. I hold dental degrees BDS and LDSRCS, Masters in Dental Implantology MSc ImpDent , Masters in Advanced General Dental Surgery MAGDS RCSEd, Postgraduate certificate in facial aesthetics and a Postgraduate certificate in orthodontics.

I am an expert in the Invisalign orthodontic system with a special interest in dental implantology restorative dentistry.

To the best of my knowledge, I have no conflicts of interest relating to this case. I confirm that I will observe confidentiality and will not disclose any of the details involved in this case.

2.02 I have been instructed by [REDACTED] solicitors to prepare a medico-legal report dealing with the condition and prognosis of [REDACTED] orthodontic condition to the current date.

2.03 The effect that the previous orthodontic treatment has had on [REDACTED].

2.04 The personal and social outcomes from the prolonged orthodontic treatment.

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SECTION THREE

LIST OF MATERIALS

LIST OF MATERIALS

The Dental Records were assessed from:

3.01 Dental examination by Dr R Kumar

Dated 23.2.2022

65 London wall

London

EC2M 5TU

3.02 Radiographic record from Coventry and Warwickshire Trust

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SECTION FOUR

PARTIES INVOLVED

PARTIES INVOLVED

4.01 [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

4.02 Driving licence was reviewed to confirm identity.

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SECTION FIVE

EXAMINATION OF CURRENT CONDITION

Dental examination carried out Dr R Kumar

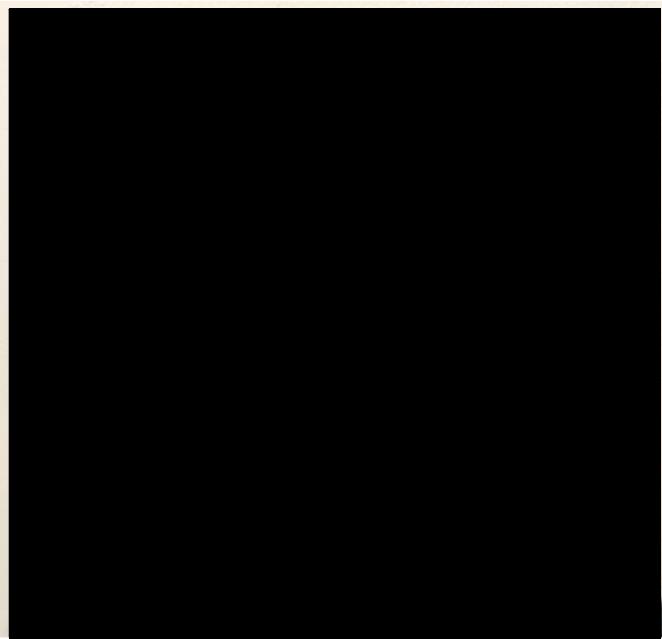
| | | |
|----------------------------------|------------|---|
| Patient | [REDACTED] | [REDACTED] |
| Patient concerns | | Overjet and fixed braces |
| History of orthodontic treatment | | 5-6 years of fixed braces |
| Lymph nodes | | Nad |
| TMJ | | Nad |
| Skeletal base | | Class 2 with prominent premaxilla |
| Profile | | Retrognathic |
| Mid face height | MFH | 52 |
| Lower face height | LFH | 70 |
| Frankfort mandibular angle | FMA | Increased |
| Nasolabial angle | NLA | Increased |
| Labiomental angle | LMA | Reduced |
| Lip competency | | Strained with active mentalis |
| Incisor show on smiling | | Yes |
| Cant | | No |
| Soft tissues | | Gingival biotype thin |
| Incisor classification | | Class 3 |
| Overjet | | 5mm |
| Overbite | | Reduced |
| Upper crowding | | Mild |
| Lower crowding | | Mild |
| Spacing | | No |
| R molar classification | | N/a |
| UR6 | | |
| R canine classification | | ½ 2 |
| UR3 | | |
| L molar classification | | N/a |
| UL6 | | |
| L canine classification | | 1 |
| UL3 | | |
| Crossbite | | UR754 crossbite |
| Upper centre line shift | | No |
| Lower centre line shift | | RHS |
| Right hand excursion | | Canine guidance |
| Left hand excursion | | Canine guidance |
| Anterior guidance | | Canine Guidance |
| Basic perio examination BPE | | 000/020 |
| Perio Diagnosis | | Gingivitis |
| Oral hygiene status | | good |
| Tooth wear | | N/a |
| Recession | | LR1 5mm buccal LL1 3mm buccal LR2 2mm lingual |
| 8754321 | | 123457 |
| 7654321 | | 123467 |





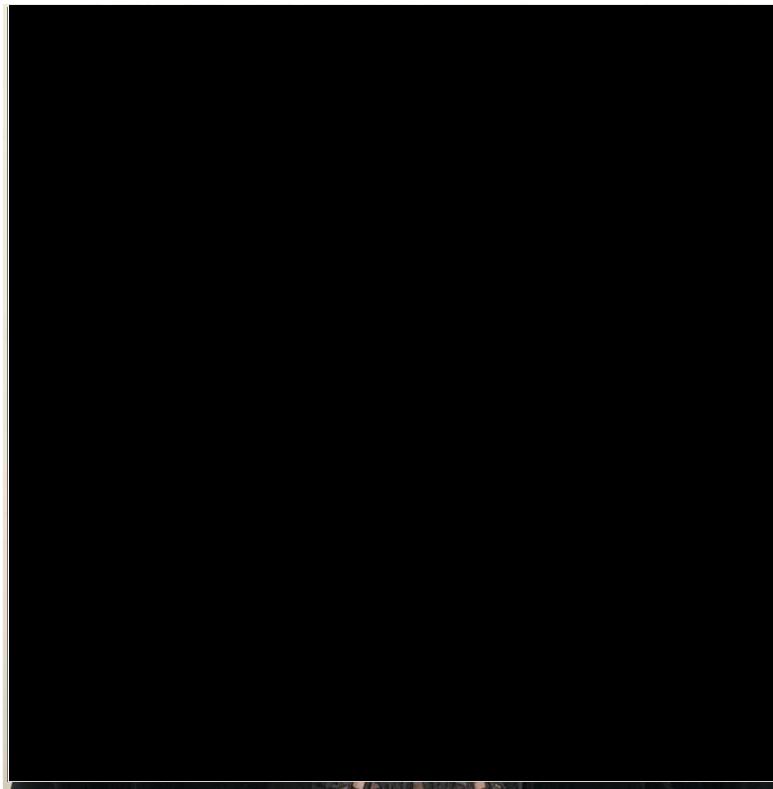
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Client Name: [REDACTED] [REDACTED]

SECTION SIX

OPINION ON CONDITION OF THE TEETH AND PROGNOSIS

OPINION ON CONDITION OF THE TEETH AND PROGNOSIS

6.01 [REDACTED] (LD) has been wearing fixed metal braces for over 7 years and still has no sight of the end of treatment.

6.02 Current orthodontic treatment consists of correcting dental crowding in anticipation of dentoalveolar surgery to realign the dental bases into a class 1 skeletal form.

6.03 The overjet has been reduced by 1mm since treatment was taken over, but the 6/6 molar extraction spaces have been closed.

6.04 LD is not happy with the length of time treatment is taking and she wishes for the braces to be taken off as soon as possible.

6.05 LD has difficulty in eating as she has pain in her temporomandibular joints when chewing.

6.06 She was asked to position her jaw to the left to try and help align the chin point by way of affecting muscle control; this is also giving her jaw pain and headaches.

6.07 The crossbite has not been corrected and LD has accepted that.

6.08 Her occlusion has not been finalised and the premature contacts on chewing are making it difficult to eat.

6.09 Because of the feel and protrusion of the braces exacerbating her skeletal 2 profile, LD finds it difficult to keep her lips pursed and she knows that she sleeps with her mouth open.

6.10 Because of this LD suffers from a dry mouth and persistent throat irritation and infections.

6.11 LD found it difficult to eat with the initial treatment braces and she was ridiculed for her attempts at eating in front of her peers at school.

6.12 Because of the prolonged treatment LD suffered more bullying and harassment for having to wear braces, and because of her speech and her eating habits.

6.13 LD was disappointed that she was promised a perfect smile within 2 years and even accepted 3 years, but after 7 years she has not seen much improvement in her smile.

6.14 LD is not keen on surgery and should let her treating orthodontist know.

6.15 LD wishes her overjet was reduced as opposed to jaw reconstructive surgery.

6.16 She does not wish to delay her university studies any longer.

6.17 There is marked recession LR1 with 5mm of root surface visible.

6.18 There is also 23mm recession LL1.

6.19 The LL1 recession can be successfully managed with periodontal surgery.

6.20 The prognosis of periodontal surgery for LR1 is less hopeful due to the extent of bone and gingival loss (Lang and Lindhe).

6.21 The LR1 has been orthodontically moved outside the alveolar bone and will have less stable bone support (Proffitt).

6.22 The LR1 and LL1 may need free gingival grafts after orthodontic treatment to cover the recession (Lang and Lindhe).

6.23 There is a risk that the LR1 could be lost due to the reduced labial bone support.

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SECTION SEVEN

PROPOSED CURRENT AND FUTURE TREATMENT COSTS

PROPOSED TREATMENT AND FUTURE TREATMENT COSTS

7.01 Any restoration would need to undergo a lifetime cycle of replacements (Holm-Pederson) (ADI).

7.02 The average lifetime expectancy of a female in the UK was 82 years (ONS.gov.uk)

7.03 LD would need annual radiographic monitoring to review any pathological changes with LR1 £350

7.04 LD would need hygiene visits every 6 months to prevent periodontal loss around LR1 £120

7.05 LR1 and LL1 would need a free gingival graft £1500

7.06 LD would need the help of a TMJ specialist that may prescribe splint therapy £2000

7.07 If prescribed the splint may need replacement every 2 years until there are no more symptoms

7.08 LR1 has less bone support and may suffer from pathological migration; a fixed retainer is recommended (Land and Lindhe).

7.09 The fixed retainer would be provided by the current treatment providers.

7.09 If the fixed retainer fails then a replacement one would be required £750

7.10 With a gingival graft and a fixed retainer the loss of LR1 is unlikely within 15 years.

7.11 In the unfortunate situation that the LR1 is lost then an implant crown is suggested. The likelihood of loss could be within or after 15 years post treatment. £4000

7.12 Temporary Maryland bridge £750

7.13 It is likely that an implant may fail within 15 years of placement due to peri-implantitis (Setzer and Kim).

7.14 Cycle 1 replacement of LR1 £5000

7.15 Cycle 1 temporary Maryland bridge £750

7.16 Cycle 2 replacement of LR1 £5000

7.17 Cycle 2 temporary Maryland bridge £750

7.18 LD would require private counselling urgently to overcome her fears and dreams of losing her teeth.

7.19 These proposed costs are based on worst case scenarios and do not include pain, suffering or loss of amenities.

7.20 These proposed costs do not include more extensive implant procedures.

7.21 These propose costs do cover less remedial work or less future teeth replacements.

7.21 These proposed costs do not include costs of travel or time taken away from work or family.

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SECTION EIGHT

CONCLUSION

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[REDACTED]

[REDACTED]

[REDACTED]

1

11. **What is the primary purpose of the study?**

[REDACTED]

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For more information, contact the Office of the Vice President for Research and Economic Development at 319-273-2500 or research@uiowa.edu.

11. **What is the primary purpose of the *Journal of Clinical Endocrinology and Metabolism*?**

113. *Leptodora histrio* (L.) Schleicher, 1851

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SECTION NINE

STATEMENTS

STATEMENTS

9.01 Statement of compliance

I understand my duty as an expert witness is to the court. I have complied with that duty and will continue to comply with it. This report includes all matters relevant to the issues on which my expert evidence is given. I have given details in this report of any matters which might affect the validity of this report. I have addressed this report to the court. I further understand that my duty to the court overrides any obligation to the party from whom I received instructions.

9.02 Declaration of Awareness

I confirm that I am aware of the requirements of Part 35 and Practice Direction 35, and the Guidance for the Instruction of Experts in Civil Claims 2014.

9.03 Statement of truth

I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Legal Report By: Dr Raj Kumar

Client Name: [REDACTED] [REDACTED]

Signed

Dr Raj Kumar BDS LDSRCS MAGDS RCSEd MSc ImpDent

PGCert Orthodontics PGCert facial Aesthetics

Dated 26/2/2022

APPENDIX I

GLOSSARY OF TERMS

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Client Name: [REDACTED] [REDACTED]

APPENDIX 2

REFERENCES

Comparison of Long-term Survival of Implants and Endodontically Treated Teeth

F.C. Setzer and S. Kim* 2014

Association of Dental Implantology-implant monitoring and maintenance (ADIMM) 2012

Aetiology of peri-implant diseases

What are the longevities of teeth and oral implants?

Poul Holm-Pedersen¹, Niklaus P Lang, Frauke Müller

Clin Oral Implants Res

2007 Jun;18 Suppl 3:15-9.

Clinical Periodontology and Implant Dentistry 6th Edition 2015

Lang and Lindhe

Contemporary Orthodontics 6th edition 2019

William Proffit

EXPERTISE

- General dentistry
- Cosmetic dentistry
- Dental implantology
- Orthodontics
- Facial aesthetics
- Patient consent
- Regulatory guidelines

EXPERIENCE

FORMA SMILE LTD 2018-

Dental company set up to cater for City of London patients. Covering cosmetic, implant, orthodontic and facial aesthetics dentistry.

FORMA DENTAL 2001-2017

Harley St. London dental practice covering cosmetic, implant, orthodontic and facial aesthetics dentistry.

BIRCHFIELD DENTAL CLINIC 1990-2017

NHS dental practice situated in Birmingham

SKILLS

- Listens to the patient
- Can help when things go wrong
- Can assist in deciphering patient records
- Understands the reasonable standards of the profession

EDUCATION

BDS (LONDON) 1989

LDSRCS (LONDON) 1990

MSC IMPDENT (MADRID) 2018

PGCERT FACIAL AESTHETICS (NICE) 2018

EXPERT WITNESS (CARDIFF) 2020

PGCERT ORTHODONTICS (2020)

MAGDS RCSED (EDINBURGH)

With over 10 years' experience in writing reports and audits for dental surgeons and lawyers in matters arising from patient and regulatory complaints.

Expertise on breach and causation reports.

Expertise on condition and prognosis reports.

Expertise on dental regulatory guidelines and those of independent dental associations.

Experienced in assessing patient complaints, record card assessment, record keeping and assessing the patient consent process.

Have worked closely with regulators, indemnifiers, lawyers, mentees and patients.

Compliant with Part 35 rules.

Member of the Medico-Legal Society

Member of the Royal College of Surgeons Edinburgh

Member of the British Society of Restorative Dentistry

Association of Personal Injury Lawyers

RAJ KUMAR

DENTAL EXPERT

ADDRESS FOR CORRESPONDENCE

65 London Wall London EC2M 5TU

CONSULTATION CLINICS

65 London Wall London EC2M 5TU

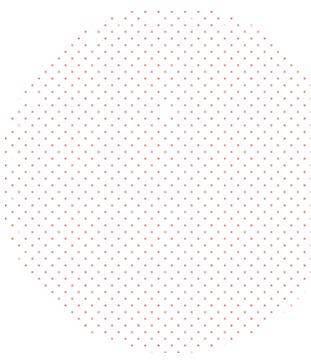
Consulting Rooms
38 Harborne Rd Birmingham B15 3EB

CAREER HISTORY

| | |
|--|-----------|
| Associate Sachdev Dental Practice Whitehorse Rd. Croydon | 1990-1991 |
| Associate Heathfield Dental Practice Heathfield Rd. Birmingham | 1991-1993 |
| Associate Golar Dental Practice Craven Rd. London | 1994-1995 |
| Partner Heathfield Dental Practice Heathfield Rd Birmingham | 1993-2010 |
| Partner Tooth Clinic South Molton St. London | 1995-2001 |
| Owner Forma Dental Care 86 Harley St. London | 2001-2016 |
| Owner Kumar Dental Practice Birchfield Rd. Birmingham | 2010-2017 |
| Owner Forma Dental Care 128 Harley St. London | 2017-2018 |
| Owner Forma Smile 2-3 Salisbury Court London | 2018-2020 |
| Owner Forma Smile Ltd 65 London Wall London | 2020- |

MAJOR COURSES ATTENDED

| | | |
|--|--------------------|------|
| Completed Osteoti dental implant course | S Harding | 1994 |
| Completed 2-year part time restorative course | Paul Tipton Ashok | 1994 |
| Completed 2-year part time implant course | Sethi Ashok Sethi | 1995 |
| Completed Maxillary bone manipulation course | Eddie Scher BAAD | 1995 |
| Completed 1-week implant course | ADI | 2002 |
| British Academy of Aesthetic Dentistry meeting | University of Genk | 2002 |
| Association of Dental Implantology meeting | Osteocare | 2003 |
| Implant training | Osteocare | 2003 |
| Facial aesthetics course | | 2004 |
| Botox course | | 2003 |



RAJ KUMAR

DENTAL EXPERT

Invisalign UK certification

Facial aesthetics in dentistry

Certificate of audit and peer review

ADI members national forum

Association of Dental Implantology masterclass

Completed Implant and Reconstructive dentistry

Completed Implant and Reconstructive dentistry

Facial Aesthetics course

Implant surgery masterclass

Invisalign USA

Advanced surgical techniques

Invisalign Europe

Invisalign workshop UK

Irmer training

Occlusion continuum 1

Invisalign USA

Facial aesthetics by NexGen

Simplant conference

GIDE cert in implants Gide institute USA

Introduction to Implantology

Implant surgery techniques

Immediate implants and loading

Bone grafts and GBR

Socket preservation

Nerve lateralisation

Implant impression techniques

Sinus grafting and block grafts

Biomaterials

Implant prosthetics

Sinus Lift/grafting

Distraction osteogenesis

Invisalign UK meeting

Invisalign Europe

Incognito ortho certification

Invisalign workshop UK

Invisalign G5 meeting

Strategies for uprighting roots

NHS return to work

Aligners

MSc Dental implantology

PGCertificate on Facial Aesthetics

Align Technology 2004

Royal College of Physicians 2004

NHS 2004

ADI 2004

David Garber 2003

A Sethi 2004

P Sochor 2004

Osteocare 2004

Daniel Buser 2004

Align 2005

Royal College of Surgeons 2006

Align 2006

Align 2006

R DeCann 2006

Pankey Institute 2006

Align 2007

Howard Katz 2008

Simplant 2008

S Jovanovich 2009

Royal college of Surgeons 2010

Royal college of Surgeons 2010

University of Goethe 2010

Royal college of Surgeons 2010

University of Tubingen 2010

Royal college of Surgeons 2010

Royal college of Surgeons 2010

Align 2010

Align 2011

3M 2012

Align 2012

Align 2014

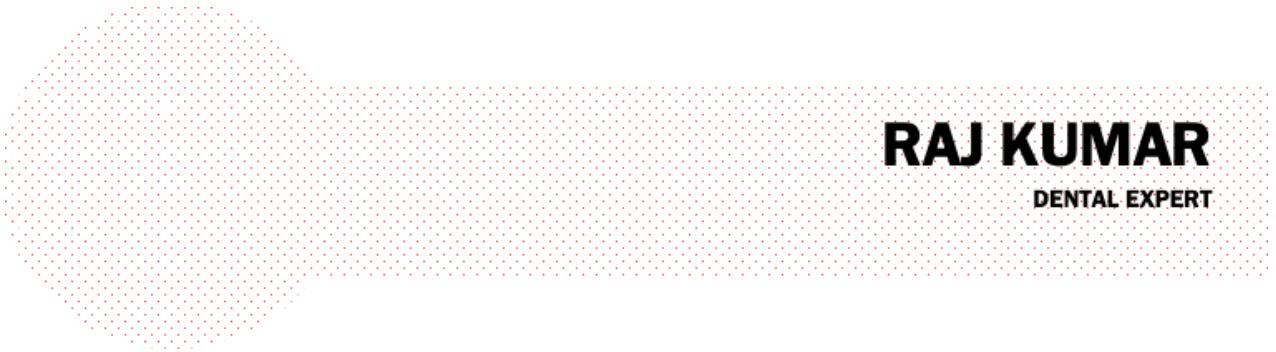
Fast Braces 2014

Kings College 2016

Clearcorrect 2017

University of Madrid 2018

University of Nice 2018



RAJ KUMAR

DENTAL EXPERT

CUBS expert witness course
PGCertificate on Orthodontics
Nobel Biocare Implant aesthetics
MAGDS RCS Ed

| | |
|-----------------------|-----------|
| University of Cardiff | 2018-2020 |
| Cephtastics London | 2019-2020 |
| London | 2020 |
| Edinburgh | 2020 |

COURSE PROVIDED BY DR KUMAR

| | | |
|--------------------------------|--------|------|
| Hands on ortho course for GDPs | London | 2013 |
|--------------------------------|--------|------|

PUBLICATIONS WRITTEN

| | | |
|-----------------------------------|----------------------|------|
| Invisalign | Health care | 2004 |
| Secret smile | Grazia | 2008 |
| Smile Saver | Brand New You | 2008 |
| Invisalign for extreme crowding | Private Practice | 2013 |
| Aligning extreme crowding | Orthodontic practice | 2013 |
| Correcting overjets | The Dentist | 2013 |
| How to treat a dental phobic | Dental Practice | 2013 |
| Invisalign versus implant therapy | Dentistry | 2013 |
| Can't do without | Private Practice | 2014 |