



INFORMED CONSENT for the Orthodontic Patient

The following information is routinely provided to anyone considering orthodontic treatment in our office. While recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that orthodontic treatment, like any treatment of the body, has inherent risks and limitations. These are seldom enough to rule out treatment, but should be considered when deciding to wear braces. Please note that it is impossible to list every possible circumstance so this has to be considered an incomplete list. Please read this consent carefully and ask your Orthodontist to explain anything you do not understand. A certain amount of discomfort should be expected when braces are put on and at each wire change. Please be sure to inform us of any changes in the patient's medical and dental history.

ROOT RESORPTION - In orthodontic cases, the ends of the roots of the teeth may be shortened during treatment. Some patients are more prone to this than others. In the event of subsequent gum disease this root resorption could reduce the longevity of the affected teeth. Under healthy circumstances, the shortened roots are no disadvantage. It is nearly impossible to predict susceptibility to this condition.

X _____ INITIALS

RETURN OF ORIGINAL PROBLEM - A certain amount of relapse should be expected after orthodontic treatment especially in cases with very severe problems. Careful cooperation during the retention period will keep this rebound to a minimum.

X _____ INITIALS

DECALCIFICATION, DECAY - These problems may occur if the patient does not properly brush or floss and have regular checkups (at least every 6 months) with the general dentist. Also essential is proper dietary control with emphasis on the amount and frequency of sugar in the diet.

X _____ INITIALS

PERIODONTAL (GUM) DISEASE - There may be an increased tendency for gum disease in some patients. It may be difficult or impossible to control gum or bone loss during orthodontic treatment and may result in the subsequent loss of teeth. Dental checkups every 3 - 6 months is a must.

X _____ INITIALS

ORTHODONTIC SURGERY CASES - It is possible, in certain cases, that jaw surgery (jaw modification surgery) or extraction of teeth will be required at any phase during the course of treatment to attain the desired result. We are usually able to predict these cases prior to the start of treatment, but occasionally growth factors may be detected during treatment and cause a change in the treatment plan. There are additional risks associated with these procedures which should be discussed with the treating dentist.

X _____ INITIALS

TREATMENT PROGRESS - Can be delayed beyond our forecast. Lack of facial growth, presence of gum disease, poor cooperation, broken appliances, change in treatment plan and missed appointments are all factors that may delay the completion of treatment.

X _____ INITIALS

IMPACTED ANKYLOSED, UNERUPTED TEETH - Teeth may get trapped or fused to the bone which may require additional treatment to address the problem.

X _____ INITIALS

3rd MOLARS (WISDOM TEETH) - May affect the alignment of the teeth and may need to be extracted by a dentist or oral surgeon.

X _____ INITIALS

ALLERGIES - Patients may have allergies to some part of orthodontic appliances or materials used during orthodontic appointments. This may alter treatment or necessitate medical management of the allergic response.

X _____ INITIALS

ADDITIONAL TREATMENT - Unforeseen circumstances (growth changes, gum disease) may cause us to recommend a form of treatment not previously discussed. If this occurs, we will carefully explain the reasons for the change and any additional fees before proceeding.

X _____ INITIALS

LATE GROWTH CHANGES - Can upset the most careful treatment plan. A person who has grown in an average proportion may not continue to do so. If growth becomes disproportionate, the jaw relationship can be seriously affected, and original treatment plan objectives may not be met.

X _____ INITIALS

TMJ PROBLEMS - Many patients have minor clicking of the lower jaw joint from very young ages. This is usually observed in front of one or both ears. Occasionally, this clicking may worsen and produce pain, limitation of movement, or other symptoms. This can be caused by arthritis, stress or an improper bite. We try to detect the presence of these symptoms prior to the start of treatment. Please notify us if you detect any of the problems during or after treatment. Our office does not treat TMJ problems. If a problem develops, the patient may be referred out for TMJ diagnosis and/or therapy.

X _____ INITIALS

DEVITALIZATION - A tooth may have been previously traumatized by a blow to the mouth prior to treatment. Sometimes the patient may be completely unaware of damage to the tooth at the time the injury occurred. Sometimes the patient may have fillings that can cause tooth nerve damage. Orthodontic tooth movement may, on occasion, aggravate this condition and, in rare instances, may lead to the need for root canal treatment and caps (crowns). Root canal treatment may be recommended if you have such a problem.

X _____ INITIALS

INJURY FROM APPLIANCES - On rare occasions when dental appliances (braces, headgear etc.) are used in the mouth, the patient may get scratched, poked, or receive a blow to the tooth with potential damage or soreness to oral structures. Brackets and wire can be dislodged or broken and such can be swallowed or inhaled. The risk is increased when the patient ignores advice and recommendations. Elastics and wire ligatures that are loose should be pushed back into place with a pair of tweezers or pencil eraser. If trauma to the eyes or face occurs from the headgear, discontinue use and seek medical attention.

X _____ INITIALS

SUCCESS OF TREATMENT - We intend to do everything possible to provide the best result in every case and it is our opinion that the treatment will be beneficial. However, we cannot guarantee the proposed treatment will be successful or to your complete satisfaction. Due to individual patient differences, there exists a possibility of failure or relapse despite the best of care. Much of the success of the treatment depends on the understanding and cooperation of the patient.

X _____ INITIALS

CERAMIC/METAL BRACKETS - There have been some reported incidents of patients experiencing bracket breakage and/or damage to teeth. Brackets, especially ceramic (clear) brackets, may cause enamel flaking and/or enamel fracturing on band or bracket removal.

X _____ INITIALS

PAYMENT POLICIES - The payment plan is set up for your convenience and is **not related** to the number of visits. The account must be paid in full by the time the braces are removed. Treatment may be discontinued if payments are two or more months in default.

X _____ INITIALS

AUTHORIZATION

I have read and understand the above and have had the opportunity to discuss any areas that I do not understand with the Orthodontist or his staff. I have been provided with a copy of this Informed Consent.

PATIENT NAME _____

DATE _____

ADULT PATIENT or MOTHER/GUARDIAN

FATHER

ORTHODONTIST