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INFORMED CONSENT

for the orthodontic patient

Risk and Limitations of Orthodontic Treatment

Successful orthodontic treatment is a partnership between the orthodontist ant the patient. The doctor and staff are dedicated to achieving the best possible result for each patient. As a general rule, informed and cooperative patients can achieve positive orthodontic results. While recognizing the benefits of a beautiful healthy smile, you should also be aware that, as with all healing arts, orthodontic treatment has limitations and potential risks. These are seldom serious enough to indicate that you should not\ have treatment; however, all patients should seriously consider the option of no orthodontic treatment at all by accepting their present oral condition, Alternatives to orthodontic, treatment vary with the individual’s specific problem, and prosthetic solutions or limited orthodontic treatment may be considerations. You are encouraged to discuss alternatives with the doctor prior to beginning treatment.

Orthodontics and Dentofacial Orthopedics is the dental specialty that includes the diagnosis, prevention, interception and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature orofacial structures.

An orthodontist is a dental specialist who has completed at least two additional years of graduate training in orthodontics at an accredited program after graduation from dental school.

**Results of Treatment:** Orthodontic treatment usually proceeds as planned and we intend to do everything possible to achieve the best results for every patient. However, we cannot guarantee that you will be complications or consequences be anticipated. The success of treatment depends on your cooperation in keeping appointments, maintain good oral hygiene, avoiding loose or broken appliances, and following the orthodontist’s instructions carefully.

**Length of Treatment**: The length of treatment depends on a number of issues, including the severity of the problem, the patients’ growth and the lever of patient cooperation. The actual treatment time is usually close to the estimated treatment time, but treatment may be lengthened if, forexample, unanticipated growth occurs, if there are habits affecting the dentofacial structures, if periodontal or other problems occur or if patient cooperation is not adequate. Therefore, changes in the original treatment plan may become necessary. If treatment time is extended beyond the original estimate, additional fees may be asserted.

**Discomfort:** The mouth is very sensitive so you can expect an adjustment period and some discomfort due to the introduction of orthodontic appliances. Nonprescription pain medication can be used during this adjustment period

**Relapse:** Completed orthodontic treatment does not guarantee perfectly straight teeth for the rest of your life. Retainers will be required to keep your teeth in their new positions as a result of your orthodontic treatment. You must wear your retainers as instructed or teeth may shift, in addition to other adverse effects. Regular retainer wear is often necessary for several years following orthodontic treatment. However, changes after that time can occur due to natural causes, includinghabits such as tongue thrusting, mouth breathing, and growth and maturation that continue throughout life. Later in life, most people will see their teeth shift. Minor irregularities, particularly in the lower front teeth, may have to be accepted. Some changes may require non-removable retainers or other dental appliances made by your family dental.

**Extractions:** Some cases will require the removal of deciduous (baby) teeth or permanent teeth. There are additional risks associated with the removal of the teeth which you should discuss with your family dentist or oral surgeon prior to the procedure.

**Orthognathic Surgery:** Some patients have significant skeletal disharmonies which require orthodontic treatment in conjunction with orthognathic (dentofacial) surgery. There are additional risks associated with this surgery which you should discuss with your oral and/or maxillofacial surgeon prior to beginning orthodontic treatment. Please be aware that orthodontic treatment prior to the individual dental arches. Therefore, patients discontinuing orthodontic treatment without completing the planned surgical procedure may have a malocclusion that is worse than when they began treatment.

**Decalcification and Dental Caries:** Excellent oral hygiene is essential during orthodontic treatment as are regular visits to your family dentist. Inadequate or improper hygiene could result in cavities, discolored teeth, periodontal disease and/ or decalcification. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances. These problems may be aggravated if the patient has not had the benefit of fluoridated water or its substitute. Or if the patient consumes sweetened beverages or foods.

**Root Resorption:** The roots of some patients’ teeth become shorter (resorption) during orthodontic treatment. It is not known exactly what causes root resorption, nor is it possible to predict which patients will experience it. However, many patients have retained teeth throughout life with severely shortened roots. If resorption is detected during orthodontic treatment, your orthodontist may recommend a pause in treatment or the removal of the appliances prior to the completion of orthodontic treatment.

**Nerve damage:** A tooth that has been traumatized by an accident or deep decay may have experienced damage to the nerve of the tooth. Orthodontic tooth movement may, in some cases aggravate this condition. In some cases, root canal treatment may be necessary. In severe cases, the tooth or teeth may be lost.

**Periodontal Disease:** Periodontal (gum and bone) disease can develop or worsen during orthodontic treatment due to many factors, but most often due to the lack of adequate oral hygiene. You must have your general dentist, or if indicates, a periodontist monitors your periodontal health during orthodontic treatment every three to six months. If periodontal problems cannot be controlled, orthodontic treatment may have to be discontinued prior to completion.

**Injury from Orthodontic Appliances**: Activates or foods which could damage, loosened or dislodge orthodontic appliances need to be avoided. Loose or damaged orthodontic appliances can be inhaled or swallowed or could cause other damage to the patient. You should inform your orthodontist of any unusual symptoms or of any loose or broken appliances as soon as they are noticed. Damage to the enamel of a tooth or to a restoration ( crown, bonding, veneer, etc.) is possible when orthodontic appliances are removed. This problem may be more likely when esthetic ( clear or tooth colored) appliances have been selected. If damage to a tooth or restoration occurs, restoration of the involved tooth/teeth by your dentist may be necessary.

**Temporomandibular ( Jaw) Join Dysfunction:** Problems may occur in the jaw joint (TMJ), causing pain, headaches or ear problems. Many factors can affect the health of the jaw joints, including pat trauma ( blows to the head or face) arthritis, hereditary tendency to jaw joint problems, excessive tooth grinding or clenching, poorly balanced bite, and many medical conditions, jaw joint problems may occur with or without orthodontic treatment. Any jaw joint symptoms, including pain, jaw pooping or difficulty opening or closing, should be promptly reported to the orthodontist. Treatment by other medical or dental specialists may be necessary,

**Impacted, Ankylosed, Unerupted teeth**: Teeth may become impacted (trapped below the bone or gums), ankylosed (fused to the bone) or just fail to erupt. Oftentimes, these conditions occur for no apparent reason and generally cannot be anticipated. Treatment of these conditions depends on the particular circumstances and the overall importance of the involved tooth, an may require extractions, surgical exposure, surgical transplantation or prosthetic replacement.

**Occlusal Adjustment:** You can expect minimal imperfection in the way your teeth meet following the end of treatment. An occlusal equilibration procedure may be necessary, which is a grinding method used t o fine-tune the occlusion. It may also be necessary to remove a small amount of enamel in between the teeth, thereby “flattening” surfaces in order to reduce the possibility of relapse.

**Non-Ideal Results:** Due to the wide variation in the size and shape of the teeth, missing teeth, etc., achievement of an ideal result ) for example, complete closure of a space) may not be possible. Restorative dental treatment, such as esthetic bonding, crowns or bridges or periodontal therapy, may be indicated. You are encouraged to ask your orthodontist and family dentist about adjunctive care.

**Third Molars**: As third molars (wisdom teeth) develop, your teeth may change alignment. Your dentist and/or orthodontist should monitor them in order to determine when and if the third molars need to be removed.

**Allergies:** Occasionally patients can be allergic to some of the component materials of their orthodontic appliances. This may require a change in treatment plan or discontinuance of treatment prior to completion. Although very uncommon, medical management of dental material allergies may be necessary.

**General health Problems:** General health problems such as bone, blood or endocrine disorders and many prescriptions and non-prescription drugs ( including bisphosphonates) can affect our orthodontic treatment. It is imperative that you inform you orthodontist of any changes in your general health status.

**Use of Tobacco Products:**Smoking or chewing tobacco has been shown to increase the risk of gum disease and interferes with healing after oral surgery. Tobacco users are also more prone to oral cancer, gum recession, and delayed tooth movement during orthodontic treatment. If you use tobacco, you must carefully consider the possibility of a compromised orthodontic result.

**Temporary Anchorage Devices:** Your treatment may include the use of a temporary anchorage device(s) (i.e. metal screw or plate attached to the bone.) There are specific risks associated with them. It is possible that the screw(s) could become loose which would require its/their removal and possibly relocation or replacement with a larger screw. The screw and related material may be accidentally swallowed. If the device cannot be stabilized for an adequate length of time, an alternative treatment plan may be necessary. It is possible that the tissue around the device could be inflamed or infected or the soft tissue could grow over the device, which could also require its removal, surgical incision of the tissue and/or the use of antibiotics or antimicrobial rinses.It is possible that the screws could break (i.e. upon insertion or removal.) If this occurs the broken piece may be left in your mouth or may be surgically removed. This may require referral to another dental specialist. When inserting the device(s), it is possible to damage the root of a tooth, a nerve, or to perforate the maxillary sinus. Usually these problems are not significant; however, additional dental or medical treatment may be necessary. Local anesthetic may be used when these devices are inserted or removed, which also has risks. Please advise the doctor placing the device if you have had any difficulties with dental anesthetics in the past. If any of the complication mentioned above do occur, a referral may be necessary to your family dentist or another dental or medical specialist for further treatment. Fees for these services are not included in the cost of the orthodontic treatment.

**Acknowledgement:** I hereby acknowledgement that I have read and fully understand the treatment consideration and risks presented in this form. I also understand that there may be other problems that occur less frequently that those presented, and that actual results may differ from the anticipated results. I also acknowledge that I have discussed this form with the undersigned orthodontist(s) and have been given the opportunity to ask any questions. I have been asked to make a choice about my treatment. I hereby consent to the treatment proposed and authorize the orthodontist(s) indicated below to provide the treatment. I also authorize the orthodontist(s), and that treatment provide by other dental or medical professionals is no included in the fee for my orthodontic treatment. I fully understand of all the risks associated with the treatment.

**Consent for Release of Patient Information:** I hereby authorize the above doctor(s) to provide other healthcare provider with information regarding the above individual’s orthodontic care as deemed appropriate. I understand that once released, the above doctor(s) and staff has (have) no responsibility for any further release by the individual receiving this information.

**Consent to use of Records:** I hereby give my permission for the use of orthodontic records including photographs, made in the process examination, treatment and retention for purposes of professional consultations, research education or publication in professional journals.

I have the legal authority to sign this on behalf of

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