

WE WANT YOU TO KNOW (ABOUT INFORMED CONSENT)

In the vast majority of orthodontic cases significant improvements can be achieved. While the benefits of a pleasing smile, face and healthy dentition are widely appreciated, orthodontic treatment remains an elective procedure. It, like any other treatment of the body has some inherent risks and limitations. These risks and limitations are seldom serious, but should be considered in making the decision to undergo treatment. You are therefore urged to read the following information. Any questions that may come to mind should be discussed with the doctor. After you have read and are completely satisfied with our explanation, by signing this form you are consenting to our treating you or your child. This is now a standard procedure of this office.

PATIENT COOPERATION - THE MOST IMPORTANT FACTOR IN FINISHING ON TIME

The insufficient wearing of elastics, removable appliances, headgear or neck strap, broken appliances and missed appointments prevent our obtaining the desirable jaw growth anticipated. These are the factors which can lengthen treatment time and adversely affect the quality of treatment results.

DECALCIFICATION – TOOTH DISCOLORATION

The avoidance of chewing hard and sticky foods will keep bands and brackets from loosening. This and the reduction of sugar intake and reporting any loose bands as soon as they are noticed will help minimize decay and gum problems. It is important to brush your teeth and gums immediately after eating. This will prevent decalcification, the white soft enamel areas that can become decayed.

NON-VITAL TOOTH – USUALLY THE RESULT OF AN INJURED TOOTH

An injured tooth can die over a period of time with or without orthodontic treatment. This tooth may flare up during orthodontic movement and would require root canal treatment. Such discoloration of a tooth may be noticed after treatment has been started or following appliance removal. Devitalization is seldom due to orthodontics.

NECK STRAP OR HEADGEAR RETRACTION – INSTRUCTIONS MUST BE FOLLOWED CAREFULLY

Safety devices have been developed and are being used, but there is currently no foolproof device if a patient is careless. If a bow arch is pulled out while the elastic force is attached, it can snap back and cause injury.

ROOT RESORPTION – SHORTENING OF THE ROOT ENDS

This can occur with or without orthodontic treatment. Under healthy conditions the shortened roots are usually no problem. Injury, impaction, endocrine or idiopathic disorders can also be responsible.

IMPACTED TEETH – TEETH UNABLE TO ERUPT NORMALLY

In attempting to move impacted teeth, especially cuspids, various problems are sometimes encountered which may lead to the loss of the tooth or periodontal problems. The length of time required to move such a tooth can vary considerably. Occasionally 12 year molars may be trapped under the crown of 6 year molars, consequently the removal of the third molars may prove necessary.

TEMPORO – MANDIBULAR JOINTS (TMJ) – THE SLIDING HINGE CONNECTING THE UPPER AND LOWER JAWS

Possible problems may exist or occur during or following orthodontic treatment. Tooth position and bite can be a factor in this condition. An equilibration by your dentist may be recommended after appliances are removed to improve the occlusal relationship. TMJ problems are not all “bite” related. Remember that most individuals that have TMJ problems have never had orthodontic treatment.

GROWTH PATTERNS – FACIAL GROWTH OCCURING DURING OR AFTER TREATMENT

Uncorrected finger, thumb, tongue or similar pressure habits, unusual hereditary skeletal patterns, insufficient or undesirable growth can all influence our results, affect facial change and cause shifting of teeth during or following retention. Surgical procedures can frequently correct these problems. On rare occasions, it may be necessary to recommend a change in original treatment plan.

RELAPSE-MOVEMENT OF TEETH FOLLOWING TREATMENT

Settling or shifting of teeth following treatment as well as after retention will most likely occur in varying degrees. Some of these changes may or may not be desirable. Rotations and crowding of lower teeth are most common examples. Slight spaces in the extraction sites or between some upper anterior teeth are other examples. Sometimes we might advise wearing a retaining appliance every night a few evenings each week for an indefinite period.

PERIODONTAL PROBLEMS - GUM INFLAMATION, BLEEDING & PERIODONTAL DISEASE

Swollen, inflamed and bleeding gums can usually be prevented by proper and regular flossing and brushing. Periodontal disease can be caused by accumulation of plaque and debris around the teeth and gums, but there are several unknown causes that can lead to progressive loss of supporting bone and recession of the gum. Should the condition become uncontrollable, orthodontic treatment may have to be discontinued short of completion. This would be rare, usually in adults with pre-existing periodontal problems.

UNUSUAL OCCURENCES

Swallowing an appliance, chipping a tooth, dislodging a restoration; an ankylosed tooth, an abscess or cyst may occur but these are rare.

DENTAL CHECK UPS

All necessary dentistry must be completed prior to our starting orthodontic therapy. It is essential that the patient maintain their regular examinations with their family dentist every six months during the treatment period. Adults must visit their dentist, hygienist or periodontist for scaling and cleaning every three to five months while being treated.

Again, it is our intent to inform you of the myriad of possibilities that exist as potential problems. Most of these conditions occur rarely. There may be other inherent risks not mentioned. You should be aware that these things **can** happen. If any of these conditions should develop, every effort will be made to refer the patient to the appropriate therapist. Treatment of human biologic conditions will never reach a state of perfection despite technological advancements. Your treatment depends on a close professional working relationship. Parents should feel free to inquire about any aspect of their treatment. Understanding and cooperation are essential for the result we both seek.

I CONSENT TO THE TAKING OF PHOTOGRAPHS AND X-RAYS BEFORE, DURING AND AFTER TREATMENT, AND TO THE USE OF THE SAME BY THE DOCTOR IN SCIENCTIFIC PAPERS OR DEMONSTRATIONS.

I CERTIFY THAT I HAVE READ OR HAVE HAD READ TO ME THE CONTENTS OF THIS FORM AND DO REALIZE THE RISKS AND LIMITATIONS INVOLVED.

_____ DATE

_____ PATIENT NAME

_____ PATIENT-PARENT-GUARDIAN (Signature)

_____ WITNESS