

## INFORMED CONSENT FOR ORTHODONTIC TREATMENT

We are required by law to obtain your consent for your/your child's contemplated orthodontic treatment. Please read the following information carefully and ask about anything you do not understand. It will be our pleasure to explain it further.

Informed consent indicates your awareness of the negative as well as the positive aspects of orthodontic treatment. In the majority of cases, orthodontic treatment is an elective procedure. This means that one possible option is no treatment at all. Other alternative treatment plans may include: extraction of teeth, non-extraction of teeth, prosthetic restoration or even surgery. Treatment of your teeth, like any other treatment of the body, has inherent risks and limitations. These risks are seldom serious enough to contraindicate treatment, but they should be considered in making the decision to undergo orthodontic treatment.

**Patient Cooperation:** The improper wearing of elastics or removable appliances, frequently broken appliances, significant missed appointments and poor oral hygiene may prevent us from obtaining the desired tooth position. These factors can lengthen treatment time and adversely affect the quality of treatment results.

**Oral Health/Oral Hygiene:** All necessary dentistry must be completed prior to starting orthodontic therapy. While undergoing orthodontic treatment, excellent (not just good) oral hygiene is essential!!! Poor brushing and flossing while undergoing orthodontic treatment may result in cavities, demineralization of the enamel (decalcification or "white spots"), discolored teeth and gum disease. It is important to brush the teeth and gums, and floss after each meal. Also, minimize sugar and soda consumption while undergoing treatment. Routine visits to your dentist for cleanings and topical fluoride treatments are an important part of maintaining good oral health while in treatment.

**Non-Vital teeth:** A tooth may become non-vital or dead with or without orthodontic treatment. This usually happens to a tooth that has sustained an injury in the past or a tooth that has a deep restoration. This tooth may become infected (abscessed) during orthodontic movement and require root canal treatment. Devitalization is a rare occurrence and is seldom caused by orthodontic treatment.

**Headgear:** If headgear is recommended, instructions must be followed carefully. Always release the elastic forces before removing the appliance. To prevent accidents or injury, headgear should not be worn during sports or rough play.

**Root Resorption/Root Shortening:** In some cases, the ends of the roots may blunt or become shorter. This is called root resorption. Under healthy circumstances, the shortened roots do not cause a problem for the patient. However, in cases where gum disease takes place (even later in life) root resorption could reduce the longevity of the affected teeth. It is noted that root resorption can be caused by a number of factors such as impactions, trauma, endocrine disorders or idiopathic (unknown) reasons.

**Impacted teeth:** Impacted teeth are teeth that are unable to erupt on their own. The tooth may be impacted due to lack of adequate space, history of trauma or unknown etiology. Sometimes it is necessary to surgically expose the impacted tooth (commonly performed on impacted canines) or extract the impacted tooth (as with wisdom teeth). If the tooth is surgically exposed for tooth movement, it could become non-vital or ankylosed (stuck to the bone), or suffer root resorption. If a tooth becomes ankylosed, it may require a second surgical procedure to free it or remove it.

**Temporomandibular Disorder (TMD):** Problems may arise in the temporomandibular joints (TMJ) before, during or after orthodontic treatment. Bite correction, splint therapy, tooth alignment or tooth equilibration (selective tooth grinding by your dentist) may be recommended; however, not all TMJ

problems are bite related. Should TMJ problems arise that are not bite related we will refer you to the appropriate specialist for evaluation.

**Disproportionate growth:** Hereditary skeletal growth patterns causing insufficient or undesirable growth can affect our ability to achieve and/or maintain the desired results. Disproportionate growth can cause facial changes and the need for additional treatment, including jaw surgery. Uncorrected habits such as digit sucking, tongue thrusting or similar pressure habits will also negatively influence our results.

**Periodontal disease:** Proper and regular brushing and flossing can usually prevent swollen, painful, bleeding gums. Periodontal (gum) disease can be caused by an accumulation of plaque and debris around the teeth and gums, but there are also several unknown causes that can lead to progressive loss of bone and gum tissue around the roots of the teeth. In some cases, due to lack of adequate tissue thickness the tissue will recede. Should recession occur, the need for selected periodontal procedures such as gum grafting may arise. Grafting may be recommended at the beginning, during or after orthodontic treatment. Though rare, should periodontal disease become uncontrollable, orthodontic treatment may need to be discontinued before its completion. Failure to seek regular dental treatment with your dentist and follow their advice, may result in serious dental problems, including early tooth loss. Orthodontic visits are not a substitute for regular dental cleanings and check-ups. Regular dental check-ups and cleanings are necessary every six months at a minimum.

**Pain or Discomfort:** There may be some occasional discomfort associated with orthodontic treatment. This can usually be resolved with over-the-counter pain medication such as Acetaminophen or Ibuprofen (Tylenol or Advil)

**Unusual Occurrences:** Swallowing an appliance, chipping a tooth, dislodging a restoration, ankylosed teeth (a tooth that is stuck to the bone), an abscess or dental cyst while rare, may occur.

**Relapse (Post-Treatment Movement):** Settling or shifting of teeth after treatment as well as during the retention phase is possible. Rotations and crowding of the lower front teeth is the most common area for relapse. Recurrent space in extraction sites or space reopening between the top front teeth is also possible. For this reason, it is important for you to carefully follow instructions regarding retainer wear.

**Non-compliance:** Poor cooperation, poor motivation, poor oral hygiene, broken appliances and missed appointments will prolong treatment time and negatively affect the quality of the result! In cases where any of the above becomes a regular event, orthodontic progress and final treatment results will be compromised and put the patient at higher risk for root resorption, cavities, gum disease, loss of space, and impaction of teeth to name a few. In some cases, it may be necessary to terminate treatment prior to completion to prevent further negative side effects. In addition, this office reserves the right to impose additional fees if necessary to cover the cost for additional treatment time and material necessary to complete treatment based on patient neglect and non-compliance.

**Mouth guards:** Patients should wear a mouth guard for any sports where it is possible to sustain injury to the mouth or teeth. Should you desire a custom-fitted mouth guard please discuss this with the doctor. Custom-fitted mouth guards will incur a lab charge.

**Allergy:** Some patients may develop a sensitivity to some of the metals that are used in orthodontic appliances. If the patient has any known metal sensitivities, be sure to inform the doctor prior to fabrication or placement of orthodontic appliances. Please consult with the doctor if you would like more information regarding this topic.

Specific treatment concerns that were discussed during the consultation:

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While we have listed a number of negative consequences, they are seldom enough to prohibit or avoid treatment. We strive for an excellent result in the shortest possible time with minimal discomfort and lasting results.

I hereby acknowledge that the major treatment considerations, responsibilities and potential risks of orthodontic treatment have been presented to me. I have read and fully understand the content of this form. I have been given the opportunity to ask any and all my questions. I hereby give my full consent to the proposed orthodontic treatment for:

\_\_\_\_\_  
Patient's Name (please print)

\_\_\_\_\_  
Signature of Patient/Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Patient/Parent/Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

I hereby authorized any financial and/or treatment information to be shared with the following entity:

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\_\_\_\_\_  
Signature of person authorized to make the requested disclosure

\_\_\_\_\_  
Date