

## ***Informed Consent for Orthodontic Treatment***

Orthodontics is the specialty in dentistry concerned with the prevention, guidance, and correction of problems in the dental and facial structures of both children and adults. It plays a role in improving overall health and in achieving balance and harmony between the teeth and the face. Properly aligned teeth are easier to brush, and thereby may decrease the tendency to decay, or to develop diseases of the gum and supporting bone. Orthodontics strives to improve the bite by helping to direct the forces placed on the teeth, thus protecting them from trauma during ordinary activities like chewing and grinding. Orthodontics distributes the chewing stress throughout the mouth to minimize excessive stress on bones, roots, gum tissue, and temporomandibular joints. Also, orthodontics can provide a more pleasant looking dentition and smile, which enhances one's self image.

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

Successful orthodontic treatment is a partnership between the orthodontist and the patient. We are dedicated to achieving the best possible result for each patient. In order to achieve this goal, patients must follow instructions and cooperate fully, so that the teeth can be moved properly and on schedule.

We appreciate your selection of our office to serve your orthodontic needs, and we will do everything possible to provide you with the best of care. In order to do so, we ask that you spend some time reviewing the enclosed information. The more you know about orthodontics, the better we can serve you.

### **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 completely satisfied with your results, nor can all complications or consequences be anticipated. The success of treatment depends on your cooperation in keeping appointments, maintaining good oral hygiene, avoiding loose or broken appliances, and following the orthodontists' instructions carefully.

### **Length of Treatment**

The length of treatment depends on a number of issues, including the severity of the problem, the patient's growth and the level of patient cooperation. The actual treatment time is usually close to the estimated treatment time, but treatment may be lengthened if, for example, unanticipated growth occurs, habits affected the dentofacial structures, periodontal or other dental problems occur, or 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 assessed.

### **Discomfort**

The mouth is very sensitive, so you can expect some discomfort with 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 position. You must wear your retainers as instructed or teeth will shift. Regular retainer wear is often necessary for several years following orthodontic treatment. However, changes after that time can occur due to natural causes, including habits 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 additional orthodontic treatment or, in some cases, surgery. Some situations may require non-removable retainers or other dental appliances made by your family dentist.

### **Extractions**

Some cases will require the removal of baby teeth or permanent teeth. There are additional risks associated with the removal of 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 risks associated with surgery which you should discuss with your oral/maxillofacial surgeon prior to orthodontic treatment. Please be aware that orthodontic treatment prior to orthognathic surgery only aligns the teeth within the dental arches. Therefore, patients discontinuing orthodontic treatment without completing the planned surgical procedures 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 often consumes sweetened beverages or foods.

### **Root Resorption**

The roots of some patient's 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 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 the lack of adequate oral hygiene. You must have your general dentist, or if indicated, a periodontist monitor 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**

Activities or foods which could damage, loosen, or dislodge orthodontics appliances need to be avoided. This can result in orthodontic appliances being inhaled or swallowed by 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, especially 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.

### **Headgears**

Orthodontic headgears can cause injury to the patient. Injuries can include damage to the face or eyes. Patients must remove the elastic force prior to removing the headgear from the mouth so that it does not spring back. Refrain from wearing headgear in situations where there may be a chance that it could be dislodged or pulled off. Sports activities and games should be avoided when wearing orthodontic headgear.

### **Temporomandibular (Jaw) Joint Dysfunction**

Problems may occur in the jaw joints, i.e., temporomandibular joints (TMJ), causing pain, headaches, or ear problems. Many factors can affect the health of the jaw joints, including past 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 popping, 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 circumstance and the overall importance of the involved tooth, and may require extraction, surgical exposure, surgical transplantation or prosthetic replacement.

### **Occlusal Adjustment**

You can expect minimal imperfections in the way your teeth meet following the end of treatment. An occlusal equilibration procedure may be necessary, which is a grinding method used to 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 needed. 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 are allergic to some of the materials in their orthodontics appliances. This may require a change in treatment plan or discontinuance of treatment prior to completion. Although rare, medical management of dental material allergies may be necessary.

### **General Health Problems**

General health problems such as bone, blood, or endocrine disorders, and many prescription and non-prescription drugs can affect your orthodontic treatment. It is imperative that you inform your 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.

**If any of the complications mentioned above do occur, a referral may be necessary to your family dentist or another dental or medical specialist for treatment. Fees for these services are not included in the cost for orthodontic treatment.**

Patient Name \_\_\_\_\_

Treatment \_\_\_\_\_

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**ACKNOWLEDGEMENT**

I hereby acknowledge that I have read and fully understand the treatment considerations and risks presented in this form. I also understand that there may be other problems that occur less frequently than 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 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 indicated below to provide the treatment. I also authorize the orthodontist indicated below to provide the treatment. I also authorize the orthodontist to provide my health care information to my other health care providers. I understand that my treatment fee covers only treatment provided by the orthodontist, and that treatment provided by other dental or medical professionals is not included in the fee for my orthodontic treatment.

**CONSENT TO UNDERGO ORTHODONTIC TREATMENT**

I hereby consent to the making of diagnostic records, including x-rays, before, during, and following orthodontic treatment, and to the above doctor(s) and, where appropriate, staff providing orthodontic treatment described by the above doctor(s) for the above individual. I fully understand all of the risks associated with the treatment.

**AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION**

I hereby authorize the above doctor to provide other health care providers 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.

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

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Signature of Orthodontist \_\_\_\_\_ Date \_\_\_\_\_