

ORTHO - INFORMED CONSENT FOR ORTHO TREATMENT



Dentistry & Orthodontics

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INFORMED CONSENT FOR ORTHODONTIC TREATMENT

In the vast majority of orthodontic cases, significant improvements can be achieved with informed and cooperative patients. While recognizing the benefits of a pleasant smile and healthy teeth, you should be aware that orthodontic treatment is an “elective procedure” that has some inherent risks and limitations as does any treatment of the body. The risk factors are seldom seen and do not contraindicate (prevent) orthodontic treatment. After you have read the following information, feel free to ask any questions. When we have answered your questions please sign this form which indicates your providing consent to treat the patient.

Many factors affecting the outcome of orthodontic treatment are controlled by the level of patient cooperation, while a number of factors are simply unpredictable.

PATIENT COOPRATION is the most important factor affective the length of treatment time. Failure to wear elastics, removable appliances, breaking appliances, or missing appointments may prolong treatment and/or prevent anticipated jaw growth or tooth movement. Thus, the lack of cooperation may adversely affect the quality of the result or require alteration in the original plan of treatment. Surgical assistance may be recommended in some cases.

TOOTH DECAY AND PERMANENT MARKINGS (decalcification) on the teeth can occur if orthodontic patients eat foods containing excessive sugar and/or do not eat properly and frequently clean their teeth. The risk of these problems is far greater in patients with braces than those without. Regular check-ups and cleanings by a dentist are necessary, as well as home fluoride rinse to help prevent those problems.

PERIODONTAL PROBLEMS AND GUM DISEASE such as swollen bleeding gums with or without the loss of bone supporting the teeth can occur before, during, and after treatment. Usually proper brushing and flossing will prevent this condition however; there are other health factors that can cause periodontal disease. If periodontal conditions become uncontrollable, treatment may have to be discontinued. In several cases, teeth may be lost. Chronically swollen gums, gingival recession and/or bone loss all may require treatment by a periodontist.

The **TEMPOROMANDIBULAR JOINT (TMJ)** or jaw joint is a complex part of the facial structure which can develop problems such as joint pain, noises, ear aches or headaches. These problems can occur anytime, before or after treatment.

FACTIAL GROWTH PATTERNS; Unusual skeletal patterns and insufficient, excessive or undesirable facial growth can compromise the dental results, affect a facial change and cause shifting of the teeth during retention.

MUSCLE HABITS; Mouth breathing, thumb or finger sucking, tongue thrusting and other habits can prevent the teeth from moving to their corrected positions or cause relapse after braces are removed.

NON-VITAL OR DEAD TOOTH; A tooth traumatized by a blow or other cause can die over a long period of time.

Simple orthodontic forces applied to a tooth or just moving a tooth great distance may create the same result. Traumatized teeth may discolor or flare up during orthodontic movement and require endodontic treatment (root canal).

ROOT RESORPTION; Shortening of the root ends can occur when teeth are moved during orthodontic treatment. Under healthy conditions, the shortened roots are usually no problem. Trauma, impaction endocrine disorders or idiopathic reasons also cause this problem. Severe root resorption can increase the possibility of premature tooth loss and treatment may have to be discontinued short of completion.

RELAPSE; All parts of the body continue to change throughout life. Teeth have a tendency to return to their original position after treatment. This is usually a minor change, and wearing the retainers minimizes this. Very severe problems have a greater tendency to relapse. Throughout life, the bite can change due to wisdom teeth, mouth breathing, and other oral habits out of the control of the orthodontist.

SPECIAL OCCURRENCES-IMPACTED TEETH; When attempting to move an impacted tooth, various problems may arise. These may include, but are not limited to: tooth loss, periodontal problems, relapse and root resorption of adjacent teeth requiring root canals.

CERAMIC BRACKETS are more fragile than normal metal brackets. Greater care must be taken to prevent their breakage and injury to you. If these brackets or their fragments are inhaled or swallowed, they may not be detected by x-ray. Because of the strong bond to the teeth and the characteristics of the ceramic material, there is a possibility of fracturing teeth or restorations upon removal of brackets.

ORTHOGNATHIC SURGERY; Patients undergoing orthognathic surgery should discuss the proposed procedures and possible complications with the oral surgeon. These may include: post surgical pain, prolonged numbness, post surgical relapse, TMJ problems. If you are referred to another doctor for related treatment, possible complication of procedures performed by other doctors should be discussed with them.

SUMMARY; In providing this information to you it has been our intention to inform you of these and other potential problems associated with orthodontic procedures. Other inherent risks not mentioned may also occur. As a rule, significant improvements can be achieved, but as with any healing art "results can't be guaranteed". Remember, your orthodontist can only control the treatment procedures. He can't control you, habits, attitude, and/or heredity. For this basic reason, the only thing we can guarantee is that we will do everything in our power, skill, expertise, and experience to obtain the best results.

CONSENT; I have read the foregoing document; I have discussed it with my orthodontists or his/her staff where I though necessary and I am satisfied that I have full understanding of the proposed treatment and the risks involved in it. I also give my consent for x-rays and photos before, during and after treatment. Given all the above, I hereby give my consent to A Smile 4U, LLC to perform the proposed treatment.

Patient/Parent/Legal Guardian Signature: _____