

PATIENT CONSENT TO BEGIN ORTHODONTIC TREATMENT

By [Orthodontic Office]

Like any form of health care, orthodontic treatment has inherent risks and limitations. The potential complications are seldom sufficient to offset the advantages of treatment but they should be considered when deciding whether or not to proceed with orthodontic treatment. Great orthodontic results are generally achieved by patients who understand their treatment goals and know what to do to fully participate in their orthodontic treatment.

PATIENT'S RESPONSIBILITY: It is the patient's responsibility to follow brushing and oral hygiene instructions that are given, so no harm will come to tissues and teeth; to adhere to food restrictions to keep from damaging teeth and orthodontic appliances; to timely come to all appointments; to wear elastics, retainers, and headgear, if they are necessary, so treatment time will be as short as possible and to achieve best results; and to visit the general dentist at least every six months for cleaning and examination. Additional orthodontic charges may be incurred for replacement of appliances due to patient neglect, or excessive extension of treatment caused by failure of patient cooperation. Patient cooperation is critical.

DECALCIFICATION (PERMANENT MARKINGS), DECAY, OR GUM DISEASE: These problems may occur if the patient does not cooperate with proper brushing and flossing. Further, sugars and between meal snacks should be reduced as much as possible. Maintaining proper dietary control is essential, especially by minimizing the intake of sugar. Smoking or chewing tobacco has been shown to increase the risk of gum disease and interfere with healing.

ROOT RESORPTION: In some cases, the ends of some of the teeth are shortened during treatment. In the event of subsequent gum disease, this shortening could reduce the longevity of affected teeth. Under healthy circumstances, the shortened teeth suffer no disadvantage. It should be noted that not all root resorption arises from orthodontic treatment. Trauma, cuts, impaction, endocrine disorders, idiopathic reasons can also cause root resorption. Severe resorption can increase the possibility of premature tooth loss.

PRE-EXISTING, NON-VITAL, DEVITALIZATION, TRAUMATIZED TEETH: Sometimes a tooth may have been traumatized by a blow or have large fillings that cause damage to the nerve. It is possible for the nerve inside a tooth to die during treatment thus requiring a root canal on the affected tooth. Severe cases may result in tooth loss.

TMJ (TEMPORO-MANDIBULAR JOINT) PAIN: Orthodontic treatment may help remove dental causes of TMJ, but not non-dental causes. Some patients may develop jaw joint noises, discomfort and facial pain related to the jaw during or after treatment. The current belief is that these problems are caused more by habitual grinding of the teeth rather than the way in which the teeth bite. If such a problem arises, treatment by another specialist may be required.

DISCOMFORT: As the mouth is sensitive, you may expect some discomfort due to adjustment and application of appliances. Nonprescription pain medication may be used to address this adjustment pain.

ORAL SURGERY/EXTRACTIONS: To achieve optimal results, oral surgery or tooth extraction may be necessary together with orthodontic treatment, especially to correct jaw imbalances. Third molars (wisdom teeth) may develop and change alignment. Your dentist and orthodontist may recommend that your third molars be removed.

IMPACTED, UNERUPTED, ANKYLOSED TEETH: Teeth may become impacted (trapped below gums or bone), fail to erupt, or ankylosed (fused to bone). Treatment of these conditions depends on individual circumstances and may require extraction, surgical transplantation/exposure, or prosthetic replacements.

OCCUSAL 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 a relapse.

ALLERGIES: Allergies to medicine and orthodontic materials may occur during treatment. This may be avoided if disclosed to us. If they are unknown to us, it is impossible to predict reactions.

TREATMENT TIME: The total time for treatment can be delayed beyond our estimate. Abnormal facial growth, poor elastic wear, or headgear cooperation, broken appliances and missed appointments are all important factors that could lengthen treatment time and affect the quality of the result.

INJURY FROM APPLIANCES AND HEADGEAR: Some orthodontic appliances can be injurious. Headgear, if improperly handled, may cause injury to the face or eyes. Orthodontic appliances may be accidentally swallowed or aspirated, or may irritate or damage oral tissue. Contact sports and similar activities should not be performed while headgear and other extra-oral appliances are worn.

RETURN OF THE ORIGINAL PROBLEM: We intend to obtain the best result possible. Some orthodontic problems, however, tend to return to their original condition to a small degree. Careful cooperation during the retention phase of treatment will keep this relapse to a minimum.

ADDITIONAL TREATMENT: Unforeseen circumstances (such as abnormal growth or gum disease) may cause us to recommend a form of additional treatment not previously discussed. If this occurs, we will carefully explain the reasons for a change in the treatment plan and any extra fees before proceeding.

TERMINATION OF TREATMENT: It is understood that treatment can be terminated for failure to cooperate, missing appointments, not wearing appliances, excessive breakage, failure to keep financial commitments, relocation, personal conflicts or for any other reason the orthodontist feels necessary. If termination is necessary, the patient will be given ample time to locate another orthodontist to continue treatment or the braces will be removed.

CONSENT TO USE RECORDS: I hereby give my permission for the use of orthodontic records, including photographs for purposes of professional consultations, research, education or publication in professional journals.

I have read the above and have had an opportunity to discuss this information with **[Orthodontic Office]**. All questions have been answered to my satisfaction. I authorize **[Orthodontic Office]** and its team to perform the necessary orthodontic treatment.

In a case where the patient is a minor, I authorize **[Orthodontic Office] and its team to perform the necessary treatment in my absence.

Date

Patient/**Parent/**Legal Guardian

Date

Witness