



Consent for Orthodontic Treatment

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Informed Consent Information

The purpose of this document is to provide written information regarding the risks, benefits, and alternatives of the procedures named above. This material serves as a supplement to the discussion you have with your dentist. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your dentist prior to signing the consent form.

The Procedure: Orthodontic treatment remains an elective procedure. It, like other treatments of the body, has some inherent risks and limitations. These seldom prevent treatment but should be considered in making the decision to undergo treatment.

PREDICTABLE FACTORS THAT CAN AFFECT THE OUTCOME OF ORTHODONTIC TREATMENT

- **Cooperation**
- In the vast majority of orthodontic cases, significant improvement can be achieved with the patient's cooperation.
- **Caring for Appliances**
- Poor brushing increases the risk of decay when wearing braces. Excellent oral hygiene, reduction in sugar, being selective in diet, and reporting any loose bands as soon as noticed, will help minimize decay, white spots, (decalcification), and gum disease, problems. Routine visits every 3-6 months to your dentist for cleaning and cavity checks are vital during treatment.
- **Wearing Headgear and/or Elastics**
- These are forces placed on teeth so they will move into their proper positions. The amount of time worn affects results. **MUST WEAR AS INSTRUCTED.** If the headgear is detached from the tubes or archwire while the elastics force is engaged, it can snap back and cause injury.
- **Appointments must be kept**
- Missed appointments can lengthen treatment time.

RISKS

- **Muscle Habits**
- Mouth breathing, thumb, finger, or lip sucking, tongue thrusting, (abnormal swallowing), and other unusual habits can prevent teeth from moving to their corrected positions or caused relapse after braces are removed
- **Facial Growth Patterns**

- Unusual skeletal patterns and insufficient or undesirable facial growth can compromise the dental results, affect a facial change and cause shifting of teeth during retention. Surgical assistance may be recommended in these situations.
- **Post-Treatment Tooth Movement**
- Teeth have a tendency to shift to settle after treatment as well as after retention. Some changes are desirable; others are not. Rotations and crowding of the lower front teeth or slight space in the extraction site are common examples.
- **Tempomandibular Problems, (TMJ)**
- Possible TMJ or jaw joint problems may develop before, during, or after orthodontic treatment. Tooth positions, bite, or pre-existing TMJ problems can be factors in this condition.
- **Impacted Teeth**
- In an attempt to move impacted teeth (teeth unable to erupt normally), especially cuspids and third molars (wisdom teeth), various problems are sometimes encountered which may lead to periodontal problems, relapse, or loss of teeth.
- **Root Resorption**
- Shortening of 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 (unknown) reasons also cause this problem. Severe resorption can increase the possibility of premature tooth loss.
- **Non-vital or Dead Tooth**
- A tooth traumatized or other causes can die over a long period of time or without orthodontic treatment. This tooth may discolor or flared up during orthodontic treatment. It could deteriorate during treatment causing loss of bone around the teeth. Excellent oral hygiene and frequent cleanings by your dentist can help control this situation.
- **Unusual Occurrences**
- Swallowing appliances, chipped teeth, dislodging restorations.

CONSENT

I consent to the taking of photographs and x-rays before, during, and after treatment and to use of the same by the doctor in scientific paper or demonstrations.

By signing this document in the space provided I indicate that I have read and understand the entire document and that I give my consent for this procedure. The advantages, risks, and alternative treatments have been explained to me by Doctor and Doctor has answered all my questions to my satisfaction. I understand that it is impossible to state every complication that may occur as a result of my orthodontic treatment, and that the above list of risks/complications in this form is incomplete. I fully understand this procedure and the possible risks, complications, and benefits that can result from orthodontic treatment and that I agree to undergo the treatment as described by Doctor.

I confirm and agree: Yes _____ No _____

Signature: _____

Date: _____