



## **ORTHODONTIC INFORMED CONSENT**

*The following information is routinely supplied to anyone considering orthodontic treatment in our office. Please read through this form carefully and ask the orthodontist/staff to explain anything that you do not understand and to clarify what is expected of you as a patient, or as a parent of a young patient, to achieve excellent results.*

**Orthodontic treatment is not an exact science.** Like any treatment of the body, much of its success depends on the understanding and cooperation of patients. While recognizing the benefits of a pleasing smile and healthy functional teeth, you should also be aware that orthodontic treatment, like any treatment of the body, has some hazards; inconveniences; and limitations. These drawbacks seldom outweigh the long range benefits, but should be considered in making the decision to wear orthodontic appliances.

**Perfection is always our goal.** The orthodontist will use his/her knowledge, training, skill and experience (3 extra years of orthodontic specialty training are required by the American Dental Association before one can be called an orthodontist). To achieve excellent function that is also esthetically pleasing, much depends on the patient's growth patterns, genetics, oral health, and cooperation.

**Throughout life, tooth positions are constantly changing.** This is true of all individuals whether or not they have worn braces. After orthodontic treatment, patients are subject to the same subtle changes that occur in non-orthodontic patients. In the late teens and early 20s, orthodontic patients may notice slight irregularities developing in their front teeth. This is particularly true if their teeth were extremely crowded prior to treatment. **Prolonged wearing of retainers may be the only way to prevent relapse of the corrected tooth positions.**

**Orthodontic appliances do not cause cavities.** They may trap food particles and increase the likelihood of developing cavities or decalcification marks. Decalcification (permanent staining of the teeth); tooth decay; or gum disease can occur if patients do not brush and floss their teeth properly and thoroughly. Patients are able to prevent these problems with a combination of proper diet; good tooth brushing; and regular checkups/cleaning with the family dentist. Sugars and between meal snacks should be eliminated. Occasionally, periodontal (gum) problems present before orthodontic treatment may be worsened by the wearing of braces and may require treatment by another specialist.

**Cold sores, canker sores, and irritations or injury to the mouth are possible while wearing braces.** Loose or broken wires and bands can scratch or irritate your cheeks, gums, or lips. Your orthodontist will give you soft wax to cover problem areas like this. Also allergic reactions to dental materials or medications are rare, but do occur occasionally.

**Teeth must sometimes be extracted as part of the orthodontic procedure.** Your orthodontist will recommend removal only if it improves your prospects for successful treatment. There may be a need for fillings, crowns, bridges, gum treatment or other dental procedures before, during, or after orthodontic treatment. On rare occasions the nerve of a tooth may die. A tooth that has been irritated by a deep filling or even a minor blow may require treatment by another dentist.

In some instances, the root ends of a tooth are shortened during treatment. This process is called root resorption. Under healthy circumstances, the shortened roots are no disadvantage. There are rare circumstances that may lead to tooth loss due to root resorption. There is no way to foresee whether this will happen and nothing can be done to prevent this from occurring.

There is a very small chance that pain may occur in the lower jaw joints, i.e. TMJ pain. Most TMJ problems are not related to the bite. Additional treatment by an oral surgeon may be required to correct any TMJ problems.

Occasionally, a person who has grown normally and in average proportion may not continue to do so. If the growth becomes disproportional, the jaw/tooth positions can be effected and the original treatment objectives may have to be compromised. Skeletal growth disharmony is a biological growth process beyond the orthodontist's control. This disharmony may require surgical correction or acceptance of a compromised result.

**Orthodontic treatment can only be successful if all parties are willing and able to cooperate by wearing headgear, elastics, retainers, or other appliances as instructed. Otherwise, the length of treatment may be extended or the results may be compromised.**

**Each patient's treatment is on an individual basis.** Appointments vary from 4-12 weeks apart. Treatment will not progress as planned and problems may develop if the patient does not come in for regularly scheduled appointment.

**Lack of cooperation by the patient ( such as poor brushing, not wearing rubber bands and/or headgear, and continually missing appointments), may result in prolonged treatment time and additional charges.** Braces can cause permanent damage to the teeth without the care and supervision of an orthodontist. Cooperation by the patient is necessary to protect teeth and gums from permanent damage. The parent/ patient is responsible for maintaining good cooperation and a consistent appointment schedule in order to ensure that no damage occurs.

A cleaning exam, along with any necessary fillings, must be completed before braces are placed. **It is your responsibility to keep regular 6 month checkups with the dentist.** This check up must include a thorough examination of the periodontium (gum tissues).

**The patient's teeth need to be brushed before the orthodontic appointment.** Tooth brushes and tooth paste are provided by the office. Patients are requested to come 15 minutes early to their appointments to allow them time to brush.

We appreciate your confidence in selecting our office. We want you to be fully informed, so ask questions any time. During the period of orthodontic treatment, we may make models, x-rays, and photographs which may be used for professional reference and display, orthodontic journals, books, meetings, and patient education.