

## **CONSENT FOR ORTHODONTIC TREATMENT**

**Patient Name:** \_\_\_\_\_

Fortunately for all of us, the vast majority of orthodontic patients achieve significant improvement after undergoing treatment. While the benefits of a pleasing smile, facial balance and a healthy dentition are widely appreciated; orthodontic treatment remains an elective procedure. As in any other treatment of the body, there are some inherent risks and limitations. These risks are seldom serious enough to contraindicate orthodontics, but should be considered in making the decision to have treatment. You are, therefore, urged to read the following information and sign the bottom to give us consent to treat you or your child. If you have any questions about what you have read, do not sign this until we have answered your questions to your satisfaction.

**Patient Cooperation:** This is the most important factor in completing treatment on time. Lack of cooperation in wearing elastics, headgear or other removable appliances-missed appointments-broken brackets/wires due to careless eating habits-broken or lost appliances and poor oral hygiene will all add to the treatment time and possibly compromise the final result.

**Tooth discoloration:** If plaque is allowed to accumulate on the teeth, enamel may demineralize and form *permanent* white spots on the teeth. If the teeth and gums are brushed thoroughly to remove plaque after eating, and flossed each night, these white spots can be prevented.

**Periodontal problems:** Swollen, inflamed and bleeding gums can usually be prevented by proper brushing and flossing. Periodontal disease can be caused by plaque left on the teeth near the gums, but there are other unknown causes that can lead to progressive loss of bone supporting the teeth and recession of the gums. Should the condition become uncontrollable, orthodontic treatment may have to be discontinued early.

**Temporo-mandibular joint problems (TMJ):** This can be an undetected, pre-existing condition that can be aggravated during orthodontic treatment. Even though the position of teeth can be related to TMJ, it is a multifactorial disorder involving jaw alignment, trauma, muscle dysfunction or stress. It can also be a component of another physical or emotional disorder. Research has never proven a cause and effect relationship between orthodontic treatment and TMJ, but active orthodontic treatment can aggravate a pre-existing set of circumstances.

**Headgear injuries:** We use “safety headgear” to reduce the potential for injury. However, injuries have been reported when headgear is worn during inappropriate activities. Therefore, it is our policy to instruct patients not to wear headgear during school, sports or around toddlers.

**Root resorption:** This shortening of the roots can occur with or without orthodontic treatment. All orthodontic patients have a microscopic amount of root resorption. In a small percentage of patients this root resorption is evident on an x-ray taken during or after orthodontic treatment. Injury, impaction, endocrine or idiopathic disorders can also be responsible. In otherwise healthy teeth, gums and bone, shortened roots are usually not a problem.

**Nonvital teeth:** A tooth that has been injured at any time in the past can discolor and die over a long period of time. Flare-ups of pain and sensitivity sometimes occur during this process. Such discoloration, or painful flare-ups, may be noticed after treatment has started or following appliance removal, but orthodontics is rarely the cause. Occasionally, a tooth that has been traumatized may become ankylosed (or fused to the bone) making it impossible to move orthodontically.

**Impacted teeth:** These are teeth that are unable to erupt due to poor position or obstruction. Moving impacted teeth into proper position is generally a very gradual process. Sometimes, impacted teeth become fused to the bone and are impossible to move orthodontically. In attempting to move these teeth, especially canines, problems can occur leading to loss of the tooth or periodontal problems.

**Unfavorable growth patterns:** Undesirable growth patterns of the jaws ( deficient or excessive ) can influence the orthodontic result causing shifting of the teeth during or following retainer wear. Surgical procedures can correct these problems, but it may be a change from our original treatment plan.

**Relapse:** If retainers are not worn as prescribed, settling and shifting of teeth is likely to occur in varying degrees. Rotations of the lower front teeth are the most common examples. Slight spaces may open in areas where teeth have been extracted. We advise wearing a retainer on a limited basis at night for an indefinite period.

**Dental check-ups:** It is essential that all patients continue to see their regular dentist for check-ups and cleanings every 6 months during their orthodontic treatment period. For patients wearing braces, we like to remove the wires before the cleaning appointment. Therefore, you should inform us when you have a check-up scheduled.

Even though the risk of contracting an infectious disease from a visit to our office is virtually non-existent, we are frequently asked about our infection control procedures. We use universal precautions in treating every patient. This means that we assume that each patient is potentially infectious. We wear gloves at all times during treatment and face shields if the procedure warrants. We autoclave ( steam sterilize ) all instruments possible-some have plastic or movable parts that must be cold sterilized. Handpieces are also autoclaved. This is a very brief summary of our procedures, so if you have further questions, please ask us.

In summary, it is our intent to inform you of potential problems. Fortunately, most of these conditions occur rarely. There may be other inherent risks not mentioned. If any of these conditions occur, every effort will be made to either minimize the problem or make the proper referral. Treatment of human biologic conditions can never reach perfection, despite modern technology. Understanding and cooperation are key to get the results we both seek. Please feel free to ask questions anytime.

I consent to the taking of photographs, x-rays and impressions before, during and after treatment as needed. I certify that I have read or had read to me the contents of this form and do realize the risks and limitations involved and I do consent to orthodontic treatment.

I acknowledge receipt of this document and understand its contents.

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Parent/Patient/Guardian

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HIPPA Privacy Acknowledgement

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Date

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Witness