CONSENT DISCUSSION FOR ORTHODONTIC TREATMENT

Patient Name: _____

Parent/Guardian Name: _____ **Relationship**: _____

DIAGNOSIS: _____

Facts for Consideration

Patient's initials required

_____ Bands or brackets are bonded onto the surface of teeth to serve as anchors for the braces. Brackets are then used to hold one or more arch wires in place. If all adult teeth have not yet erupted, bracket placement may be minimal.

_____ The arch wire is a thin metal wire which is the primary component that will move the teeth by applying pressure on the tooth or teeth. This wire may be changed and adjusted on a regular basis. Arch wires are held in place by the brackets or by tying a small wire or elastics around the brackets.

_____ Elastics and headgear tied to the braces may also be used to align the teeth. Elastics are small rubber bands that are stretched between two or more of the teeth to provide extra force in a specific direction. Headgear is a strap and metal device that slides into tubes that can be attached to the back molar (tooth) bands.

Benefits of Orthodontic Treatment, Not Limited to the Following:

_____ Orthodontic treatment is intended to help improve the bite (alignment and position of teeth) by helping to direct pressure placed on the teeth. Properly aligned teeth can minimize excessive stress on bones, roots, gum tissues and the temporomandibular (jaw) joints. Orthodontic treatment can assist in reducing future dental problems such as abnormal wear. Treatment can facilitate good oral hygiene that in turn can minimize decay and future periodontal (gum) problems. In addition, orthodontics can promote a pleasant smile, which may enhance one's self-image.

Risks of Orthodontic Treatment, Not Limited to the Following:

_____ I understand that as a result of having braces, tooth decay, gum disease and permanent tooth markings (decalcification) may happen to the teeth if foods are eaten that contain excessive sugar and/or there is poor home care (e.g. the teeth are not brushed regularly). While there problems can also occur in patients who are not in braces, the risks are higher for orthodontic patients.

_____ I understand that as a result of having braces the length of the roots of teeth may be shortened (root resorption) for some patients. Some patients are more prone to this happening than others but this can not be determined in advance. Usually this does not have significant consequences, but on occasion it may reduce the longevity of the teeth involved.

_____ I understand the health of the bone and gums which support the teeth may be affected by orthodontic tooth movement, particularly if a preexisting condition is present and also in some rare cases where a preexisting condition is not apparent. In general, orthodontic treatment lessens the chance of tooth loss or gum infection. Inflammation of the gums and loss of supporting bone can occur if bacterial plaque is not removed daily with good oral hygiene. (home care)

_____ I understand teeth may change their positions after orthodontic treatment is completed. There are usually minor changes for which faithful wearing of retainers as instructed would help minimize.

_____ I understand the total time required to complete orthodontic treatment may exceed the original estimate. Excessive or deficient bone growth, poor or inadequate cooperation in wearing the appliance(s) (headgear, elastics, etc.) the required hours per day, poor oral hygiene, broken appliances or missed appointments can lengthen the treatment time and affect the quality of the final results.

_____ I understand that on occasion, atypical (unusual) formation of teeth or insufficient or abnormal changes in the growth of the jaws may limit the ability to achieve the desired result. If the growth of either jaw is disproportionate, the bite may change and in some cases may require removal of teeth or even oral surgery to correct the growth disharmony. Growth and unusual tooth formations are biological processes beyond the orthodontist's control. Growth changes that occur after orthodontic treatment may alter the quality of treatment results.

_____ I understand that on occasion orthodontic appliances may cause irritation or damage to the oral (gums, cheeks, tongue, palate) tissue. Sometimes appliances may accidentally be swallowed or aspirated. These occurrences are rare if instructions are followed properly. Traditional headgear, if improperly handled, may cause significant injury to the face or eyes, even blindness. In cases of misuse or abuse, there have been reports of permanent injury to the eyes of patients wearing headgear. Breakaway headgear has a releasable latch which disengages predictably and easily when the facebow is pulled forward. Patients are warned not to wear the appliance during times team sports, horseplay or competitive activity involving any kind of contact.

_____ I understand the gums, cheeks and lips may be scratched or irritated by loose or broken appliances or by traumatic blows to the mouth. Post-adjustment tenderness is typical, should be expected, and the period of tenderness or sensitivity varies with each patient and the procedure performed. Typical post-adjustment tenderness may last 24 to 48 hours. You should inform our office of any unusual symptoms, or broken or loose appliances, as soon as they occur.

_____ I understand all necessary regular dentistry (fillings, cleanings, caps/crowns) should be completed prior to starting orthodontic treatment. Regular checkups, x-rays and cleanings with a general dentist is necessary throughout orthodontic treatment and will not be performed by your orthodontist

_____ I understand some allergies to orthodontic materials may occur in a small percentage of patients. Notifying the orthodontist of any known allergies can reduce the chance of an allergic reaction occurring. You should inform our office of any unusual symptoms of allergic reaction that could be caused by orthodontic appliances or hardware.

Consequences if No Orthodontic Treatment is Administered, Not Limited to the Following:

_____ I understand that if no orthodontic treatment is performed, I may continue to have existing bite problems, symptoms and the cosmetic (alignment) appearance of my teeth will remain the same.

Alternative Treatments if Orthodontic Treatment is Not the Only Solution, Not Limited to the Following:

_____ I understand that any specific alternative to the orthodontic treatment of any particular patient depends on the nature of the individual's teeth, supporting structures and appearance. Options to treatment may include: 1) surgical extractions, 2) orthodontic surgery, 3) Prosthetic solutions such as bridges, implants, partial dentures and, 4) other compromised approaches as discussed. I have asked my orthodontist about, and have been informed of the alternatives and associated expenses. I have had an opportunity to ask questions and any I have had, have been answered to my satisfaction regarding the procedures, their risks, benefits, and costs.
Alternatives discussed: _____

No guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the condition(s) listed above.

☐ I have been given the opportunity to ask questions and give my consent for the proposed treatment as described above.

☐ I refuse to give my consent for the proposed treatment(s) as described above and understand the potential consequences associated with this refusal.

Patient's Signature (or Guardian if minor patient) Date

I attest that I have discussed the risks, benefits, consequences, and alternatives to orthodontic treatment with _____ (patient's name) who has had the opportunity to ask questions, and I believe my patient understands what has been explained.

Dentist's Signature Date

Witness' Signature Date

Orthodontic
10/2009