

# INFORMED CONSENT FOR THE ORTHODONTIC PATIENT

## Risks and Limitations of Orthodontic Treatment

Successful orthodontic treatment is a partnership between the orthodontist and the patient. The doctor and staff are dedicated to achieving the best possible result for each patient. As a general rule, informed and cooperative patients can achieve positive orthodontic results. While recognizing the benefits of a beautiful healthy smile, you should also be aware that as with all healing arts, orthodontic treatment has limitations and potential risks. These are seldom serious enough to indicate that you should not have treatment; however, all patients should seriously consider the option of no orthodontic treatment at all by accepting their present oral condition.

Orthodontics and Dentofacial Orthopedics is the dental specialty that includes the diagnosis, prevention, interception and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature orofacial structures.

An orthodontist is a dental specialist who has completed at least two years additional years of graduate training in orthodontics at an accredited program after graduation from dental school.

**RESULTS OF TREATMENT:** Orthodontic treatment usually proceeds as planned, as we intend to do everything possible to achieve the best results for every patient. However, we cannot guarantee that you will be completely satisfied with your results, nor can all complications or consequences be anticipated. The success of treatment depends on your cooperation in keeping appointments maintaining good oral hygiene, avoiding loose or broken appliances, and following the orthodontist's instructions carefully.

**LENGTH OF TREATMENT:** The length of treatment depends on a number of issues, including the severity of the problem, the patient's growth and the level of patient cooperation. The actual treatment time is usually close to the estimated time but treatment may be lengthened if, for example, unanticipated growth occurs, if there are habits affecting the dentofacial structures, if periodontal or other dental problems occur, or if patient cooperation is not adequate. Therefore, changes in the original treatment plan may become necessary. If treatment time is extended beyond the original estimate, additional fees may be assessed.

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**DISCOMFORT:** The mouth is very sensitive so you can expect an adjustment period and some discomfort due to the introduction of orthodontic appliances. Non-prescription pain medication can be used during the adjustment period.

**EXTRACTIONS:** Some cases will require the removal of deciduous (baby) teeth or permanent teeth. There are additional risks associated with the removal of teeth which you should discuss with your family dentist or oral surgeon prior to the procedure.

**RELAPSE:** Completed orthodontic treatment does not guarantee perfectly straight teeth for the rest of your life. Retainers will be required to keep your teeth in their new positions as a result of your orthodontic treatment. You must wear your retainers as instructed or teeth may shift, in addition to other adverse effects. Regular retainer wear is often necessary for several years following orthodontic treatment. However, changes after that time can occur due to natural causes, including habits such as tongue thrusting, mouth breathing, and growth and maturation that continues throughout life. Minor irregularities, particularly in the lower front teeth, may have to be accepted. Some changes may require additional orthodontic treatment or, in some cases, surgery.

**ORTHOGNATHIC SURGERY:** Some patients have significant skeletal disharmonies which require orthodontic treatment in conjunction with orthognathic (dentofacial) surgery. There are additional risks associated with this surgery which you should discuss with your oral surgeon prior to beginning orthodontic treatment.

**DECALCIFICATION AND DENTAL CARIES:** Excellent oral hygiene is essential during orthodontic treatment as are regular visits to your family dentist. Inadequate or improper hygiene could result in cavities, discolored teeth, periodontal disease and/or decalcification. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances.

**ROOT RESORPTION:** The roots of some patients' teeth become shorter (resorption) during orthodontic treatment. It is not known exactly what causes root resorption, nor is it possible to predict which patients will experience it.

**NERVE DAMAGE:** A tooth that has been traumatized by an accident or deep decay may have experienced damage to the nerve of the tooth. Orthodontic tooth movement may in some cases, aggravate this condition. In some cases, root canal treatment may be necessary. In severe cases, the tooth or teeth may be lost.

**PERIODONTAL DISEASE:** Periodontal (gum and bone) disease can develop or worsen during orthodontic treatment due to many factors, but most often due to the lack of adequate oral hygiene. YOU MUST have your general dentist, or if indicated, a periodontist monitor your periodontal health during orthodontic treatment every 3-6 months. If periodontal problems cannot be controlled, orthodontic treatment will have to be discontinued prior to completion.

**INJURY FROM ORTHODONTIC APPLIANCES:** Activities or foods which could damage, loosen or dislodge orthodontic appliances need to be avoided. Loosened or damaged orthodontic appliances can be inhaled or swallowed or could cause other danger to the patient. You should inform your orthodontist of any unusual symptoms or of any loose or broken appliances as soon as they are noticed. Damage to the enamel of a tooth or to a restoration (crown, bonding, veneer, etc.) is possible when orthodontic appliances are removed. This problem may be more likely when esthetic (clear or tooth colored) appliances have been selected. If damage to a tooth or restoration occurs, restoration of the involved tooth/teeth by your dentist may be necessary.

**HEADGEAR:** Orthodontic headgear can cause injury to the patient. Refrain from wearing headgear in situations where there may be a chance that it could be dislodged or pulled off. Sports activities and games should be avoided when wearing orthodontic headgear.

**TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMJ):** Problems occur in the jaw, i.e., TMJ, causing pain, headaches or ear problems. Many factors can affect the health of the jaw joints, including past trauma (blows to the head or face), arthritis, hereditary tendency to jaw joint problems, excessive tooth grinding or clenching, poorly balanced bite, and many medical conditions. Jaw joint problems may occur with or without orthodontic treatment. Any jaw joint symptoms, including pain, jaw popping or difficulty opening or closing, should be promptly reported to the orthodontist.

**IMPACTED/ ANKYLOSED/ UNERUPTED TEETH:** Teeth may become impacted (trapped below the bone or gums) ankylosed (fused to the bone) or just fail to erupt. Often times, these conditions occur for no apparent reason and generally cannot be anticipated. Treatment of these conditions depends on the particular circumstances and the overall importance of the involved tooth, and may require extraction, surgical exposure, surgical transplantation or prosthetic treatment.

**OCCLUSAL ADJUSTMENT:** You can expect minimal imperfections in the way your teeth meet following the end of treatment. An occlusal procedure may be necessary, which is a grinding method used to fine-tune the occlusion.

**NON-IDEAL RESULTS:** Due to the wide variation in the size and shape of the teeth, missing teeth etc, achievement of an ideal result may not be possible. Restorative dental treatment, such as esthetic bonding, crowns, bridges or periodontal therapy, may be indicated.

**THIRD MOLARS:** As third molars (wisdom teeth) develop, your teeth may change alignment. Your dentist and/or orthodontist should monitor them in order to determine when and if they need to be removed.

**ALLERGIES:** Occasionally, patients can be allergic to some of the component materials of their orthodontic appliances. Although very uncommon, medical management of the dental material allergies may be necessary.

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GENERAL HEALTH PROBLEMS: General health problems such as bone, blood or endocrine disorders, and many prescription and non-prescription drugs can affect your orthodontic treatment. It is imperative that you inform your orthodontist of any changes in your general health.

USE OF TOBACCO: Smoking or chewing tobacco has been shown to increase the risk of gum disease. Tobacco users are also more prone to oral cancer, gum recession, and delayed tooth movement. If you use tobacco, you must consider the possibility of a compromised orthodontic result.

ACKNOWLEDGEMENT: I hereby acknowledge that I have read and fully understand the treatment consideration and risks presented in this form. I also understand that there may be other problems that occur less frequently than those presented, and that actual results may differ from the anticipated results. I also acknowledge that I have discussed this form with the undersigned orthodontist and have been given the opportunity to ask any questions. I have been asked to make a choice about my treatment. I hereby consent to the treatment proposed and authorize the orthodontist indicated below to provide the treatment. I also authorize the orthodontist to provide my health care information to my other health care providers. I understand that my treatment fee covers only treatment provided by the orthodontist, and that treatment provided by other dental or medical professionals is not included in the fee for my orthodontic treatment.

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Signature of patient/parent/guardian

date

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Signature of Orthodontist

date

CONSENT TO UNDERGO ORTHODONTIC TREATMENT:

I hereby consent to the making of diagnostic records, including x-rays, before, during and following orthodontic treatment and to the above doctor and, where appropriate, staff providing orthodontic treatment prescribed by the above doctor for the individual. I fully understand all of the risks associated with treatment

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION:

I hereby authorize the above doctor to provide other health care providers with information regarding the above individual's orthodontic care as deemed appropriate. I understand that once released, the above doctor and staff have no responsibility for further release by the individual receiving this information.

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Signature of patient/parent/guardian

date

SCHEELLE ORTHODONTICS, INC.