

CONSENT FORM

Excellent orthodontic results can be achieved with informed patients. Orthodontic treatment has inherent risks and limitations. These are seldom enough to rule out treatment, but should be considered when deciding whether to wear braces. Please note that it is impossible to list every possible circumstance, therefore the most common issues are listed below.

Decalcification, decay or gum disease – These problems may occur if the patient does not cooperate with brushing and flossing. Excellent oral hygiene and plaque removal is a must. Also essential is a proper diet, with special attention to the amount and frequency of sugar in the diet. For adults, increased attention to the prevention of gum disease is very important.

Return of original problem – Many orthodontic problems tend to return a small amount toward their original position, especially very severe problems. We will make our correction to the highest standards, and hold the result carefully. When retention is discontinued, we will expect some return. Careful cooperation during the retention period will keep this rebound to a minimum.

Root Resorption – In very few cases, the ends of the roots of the teeth are shortened during treatment. Under healthy circumstances the shortened roots are no disadvantage. However, in the event of gum disease later in life, the root resorption could reduce the longevity of affected teeth. Trauma, cuts, impaction, endocrine disorders, or idiopathic reasons can also cause root resorption.

Treatment Progress – Can be delayed beyond our forecast very easily. Lack of facial growth, poor elastic wear or headgear cooperation, broken appliances, and missed appointments are all factors that could delay treatment progress.

Late Growth Changes – Can upset the most careful treatment plan. A person who has grown in an average proportion may not continue to do so. If growth becomes disproportionate, the jaw relationship can be seriously affected, and original treatment objectives may not be met.

TMJ Pains – Some people are very sensitive to even a slight discrepancy in their bite. These patients may suffer from noise or pain in the joint of the lower jaw (near the ear). This may occur during or after orthodontic treatment. It also happens in patients who have never had orthodontic treatment. Stress appears to play a role in the frequency and severity of joint pains. Let us know if you suspect a problem so we can deal with it.

Devitalization – It is possible for a tooth to die during orthodontic treatment, especially if it was previously injured, bumped, or traumatized by a deep filling or was impacted. Sometimes such injuries are unknown to the patient or parent/guardian. Such previous injuries cannot be detected by the dentist. For that reason, a tooth may die and the reason for it may not be

apparent. Root canal treatment may be recommended if you have such a problem. Extraction is usually not necessary.

Injury from Appliances – Headgear instructions must be carefully followed. A headgear that is pulled away from the teeth while the elastic force is attached could snap back into the face or eyes. Be sure to release the elastic force before removing the headgear from the teeth.

Additional Treatments – Unforeseen circumstances (growth changes, gum disease, etc.) may cause us to recommend a form of treatment not previously discussed. If this occurs we will carefully explain the reason for the change in the treatment plan and any extra fee before proceeding.

Success of Treatment – We intend to do everything possible to provide the best result in every case, and it is our opinion that the treatment will be beneficial. However, we cannot guarantee that the proposed treatment will be successful to your complete satisfaction. Due to individual patient differences, there exists a possibility of failure, relapse, or selective retreatment, despite the best of care. Successful treatment will take cooperation from everyone – myself, my staff, your family, and most of all, the patient. I am thanking you in advance for cooperation in this manner.

I have read and understand the above information and consent to treatment.

Patient Signature

Date

Parent/Legal Guardian Signature (if patient is a minor)

Date

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