

Friendly Smiles Orthodontics

INFORMED CONSENT

CONSENT for Orthodontic Treatment of _____ Date _____

As a rule, excellent orthodontic results can be achieved with informed and cooperative patients. Thus, the following information is routinely supplied to anyone considering orthodontic treatment in our office.

While recognizing the benefits of a pleasing smile and healthy teeth, orthodontic treatment remains an elective procedure. It, like any other treatment of the body, has some inherent risk and limitations. These seldom prevent treatment, but should be considered in making the decision to undergo treatment. Please feel free to ask questions about this at any time.

Predictable factors that can affect the outcome of orthodontic treatment:

COOPERATION: In the vast majority of orthodontic cases, significant improvements can be achieved with patient cooperation. Cooperation includes the following:

CARING FOR APPLIANCES – Poor tooth brushing increases the risk of decay when wearing braces. Excellent oral hygiene, being selective in diet, and reporting any loose brackets or bands as soon as noticed, will help minimize decay, white spots (decalcification), and gum problems. Routine visits (2-6 months) to your dentist for cleaning and cavity checks are necessary. Additionally, using the recommended fluoride as instructed is also a must to avoid decalcification.

WEARING ELASTICS – Elastic forces are placed on teeth so they will move into their proper positions. The amount of time worn affects results. Please wear as instructed!

KEEPING APPOINTMENTS – Missed appointments as well as arriving late creates many scheduling problems and lengthens treatment time; therefore, I understand the necessity to arrive on time.

RETENTION -- If the retainers are worn properly, they will fit and your teeth will not move. Research has shown, LIFETIME retention is the only way orthodontic treated teeth remain stable. If the patient has not done their part during retention, any further treatment rendered will be subject to the appropriate charge. Your original set of retainers are included as part of your fee. There will be a charge for any replacements.

Unpredictable factors that can affect the outcome of orthodontic treatment:

MUSCLE HABITS – Mouth breathing, thumb sucking, tongue thrusting (abnormal swallowing), nail biting and other unusual habits can prevent the teeth from moving to their corrected positions or cause relapse after braces are removed.

FACIAL GROWTH PATTERNS – Unusual skeletal patterns and insufficient or undesirable facial growth can compromise dental results, affect the facial change and cause shifting of the teeth during retention. Skeletal growth disharmony is a biological process beyond our control. Correction of these disharmonies may require extended treatment and possible surgical alternatives for correction.

POST TREATMENT TOOTH MOVEMENT - Teeth have a tendency to rebound to their original positions, this is called relapse. The most common area for relapse is the lower front teeth. After bracket removal, retainers are placed to minimize relapse. If retention is discontinued some relapse is possible, so retention is an indefinite phase. It is your responsibility to keep your teeth straight after treatment.

TEMPOROMANDIBULAR JOINT PROBLEMS (TMJ) – Tooth alignment or bite correction can improve tooth-related causes of TMJ pain but not in all cases. Tension and other psychological factors appear to play a role in the frequency and severity of jaw, joint and muscle pains. Should TMJ problems occur, further evaluative studies and treatment may be indicated.

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. However, many patients have retained teeth throughout life with severely shortened roots. If resorption is detected during orthodontic treatment; your orthodontist may recommend a pause in treatment or the removal of the appliances prior to the completion of orthodontic treatment.

NONVITAL (OR DEAD) TOOTH – A tooth traumatized by a blow or other causes can die over a long period of time with or without braces. This tooth may discolor or flare up during treatment and require root canal therapy.

PERIODONTAL PROBLEMS – 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 monitors your periodontal health during orthodontic treatment every three to six months. If periodontal problems cannot be controlled, orthodontic treatment may have to be discontinued prior to completion.

UNUSUAL OCCURANCES – Swallowing appliances, chipping teeth, or restorations becoming dislodged can also occur.

ENAMEL ADJUSTMENT – I authorize Friendly Smiles Orthodontics to polish or adjust the surface (enamel) of the teeth as part of the orthodontic process.

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

DECALCIFICATION AND DENTAL CARIES - 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.

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 this 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 should be discussed with your family dentist or oral surgeon prior to the procedure.

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 treatment 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 the patient cooperation is not adequate. Therefore, changes in the original treatment plan may become necessary.

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 and or maxillofacial surgeon prior to beginning orthodontic treatment. Please be aware that orthodontic treatment prior to orthognathic surgery often only aligns the teeth within the individual dental arches. Therefore, patients discontinuing orthodontic treatment without completing the planned surgical procedures may have a malocclusion that is worse than when they began treatment.

ALLERGIES - Occasionally, patients can be allergic to some of the component materials of their orthodontic appliances. This may require a change in treatment plan or discontinuance of treatment prior to completion. Although very uncommon, medical management of dental material allergies may be necessary.

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

NON-IDEAL RESULTS - Due to the wide variation in the size and shape of the teeth, missing teeth, etc., achievement of an ideal result (for example, complete closure of a space) may not be possible. Restorative dental treatment, such as esthetic bonding, crowns or bridges or periodontal therapy may be indicated. You are encouraged to ask your orthodontist and family dentist about adjunctive care.

** 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 above individual. I fully understand all of the risks associated with the treatment.

** 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.

Signature of Responsible Person

Relationship to Patient