



Informed Consent for Orthodontic Treatment

As a rule, positive orthodontics results can be achieved by informed and cooperative patients. Thus the following information is routinely given to all who consider orthodontic treatment. A legal requirement facing all practitioners of medicine and dentistry is that the patient, or legal representative of the patient, gives the practitioner informed consent. Informed consent indicates your awareness of the negative as well as the positive aspects of orthodontic treatment.

While recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that orthodontic treatment has some inherent risks and limitations. Fortunately, in orthodontics complications are infrequent and when they do occur they are usually of minor consequence. These are seldom enough to contraindicate treatment but should be considered when making the decision to undergo orthodontic treatment. Most of the problem areas are explained below, but other unexpected problems may also occur.

1. Tooth decay, gum disease, and permanent markings (decalcification/WHITE SPOTS) on the teeth can occur if orthodontics patients eat foods containing excessive sugar and/or do not brush their teeth frequently and properly. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces. It is important that the patient see their dentist every 6 months during active orthodontic treatment.
2. In some cases, the lengths of the roots of the teeth are shortened during orthodontic treatment. This is called root resorption. Some patients are prone to this happening, some are not. The shortened roots are usually no problem, but if gum disease occurs later in life, it could reduce the longevity of the teeth with excessive resorption. Root resorption can occur in individuals who have never had orthodontic treatment.
3. Shifting of teeth does occur throughout life whether or not orthodontic treatment has been performed. There is a possibility that some crowding, rotations, or spacing may occur after orthodontic treatment and retention. Persistent habits may contribute to such shifting.
4. Sometimes a tooth may have been traumatized by a previous accident. The nerve of a tooth may become non-vital due to trauma from a blow to the tooth, a deep filling, or pressure of orthodontic appliances. Endodontic (root canal) treatment will be necessary to maintain a non-vital tooth.
5. If there are teeth present which have been weakened by large restorations (fillings), crowns, bridges, hidden decay under a filling, or teeth with crack lines in them, there is a risk of fracture during the process of applying or removing braces. As much care as possible is taken to prevent this from occurring but there are times when it is unavoidable. If this should occur. It is the responsibility of the patient to have the tooth restored.

6. Sometimes a person who has grown normally and in average proportions may not continue to do so. If growth becomes disproportionate, the jaw relations can be affected, and original treatment objectives may have to be compromised. Skeletal growth disharmony is a biological process beyond the orthodontist's control. Occasionally oral surgery, tooth removal or orthognathic surgery is necessary in conjunction with orthodontic treatment, especially to correct severe crowding or severe jaw imbalances.
7. Sometimes orthodontic appliances may be accidentally swallowed or aspirated, or may irritate or damage the oral tissues. The gums, cheeks and lips may be scratches or irritated by loose or broken appliances or by blows to the mouth. Usual post-adjustment tenderness should be expected, and the period of tenderness or sensitivity varies with each patient and the procedure performed.
8. Occasionally problems may occur in the jaw joints, i.e. temporomandibular joints (TMJ) causing joint pain, headaches or ear problems. These problems may occur with or without orthodontic treatment. Any of the above notes symptoms should be promptly reported to the orthodontist.
9. Due to the wide variations in size and shape of teeth, achievement of the most ideal result may require restorative dental treatment. The most common types of treatment are cosmetic bonding, crown and bridge dental care and/or periodontal therapy.
10. The total time required to complete treatment may exceed our estimate. Lack of facial growth, poor oral hygiene, poor cooperation in wearing rubber bands and headgear, broken appliances, and missed appointments are all important factors which can lengthen treatment time and affect the quality of the result.
11. General medical problems can affect orthodontic treatment. You should keep your orthodontist informed of any changes in your medical health, as well as the prescriptions you are currently taking.
12. There is no universally accepted method for treating orthodontic cases. Your treatment plan and order of care will be carefully planned and executed using currently recognized method of treatment. Your orthodontic care may differ from other patients undergoing treatment in our offices and other offices.

I acknowledge that my questions have been answered to my satisfaction, and I understand that no guarantee has been made concerning the results that may be obtained. I have read and understand the information contained in this form.

I hereby give my permission for the use of orthodontic records, including photographs made in the process of examinations, treatment, and retention for purposes of professional consultations, research, education, boards, social media or publications in professional journals.

Patient

Patient/Parent/Guardian Signature

Date

Witness Signature

Date