



## CONSENT FOR ORTHODONTIC TREATMENT

**Patient name** \_\_\_\_\_

You have the right, as a patient, to be informed about your condition, recommended treatment, and the risks and hazards involved so you may make the decision whether or not to undergo treatment. The information on this form is not meant to alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to treatment. This is not a contract binding you to any treatment.

In the vast majority of orthodontic cases, significant improvements can be achieved with cooperative patients. Orthodontic treatment is an elective procedure and it, like any other treatment of the body has certain inherent risks and limitations. It is difficult to predict which patients may encounter problems, but the potential risk and limitations of orthodontic care should be understood before beginning treatment. Please feel free to ask any questions about this at any time. Should difficulties occur, treatment plans may be revised.

### **Patient cooperation**

Lack of patient cooperation is the most common cause for compromised results or lengthened treatment time. Instructions must be carefully followed. Good oral hygiene, proper elastic wear, care of appliances, and keeping scheduled appointments are very important. If the patient is a child the parents must see to it that the child is following the orthodontists directions.

### **Pain or Discomfort**

A patient may experience discomfort for a short period of time following adjustment of the orthodontic appliances, however, some patients experience more pain than others. Severe or long term pain should be reported to the doctor immediately.

### **Decalcification, Decay, Periodontal Involvement**

Orthodontic appliances provide additional places on the teeth that are difficult to clean. This can increase the risk of tooth decay or white spots on the teeth. It is important that extra time be devoted to cleaning the teeth, that hard and sticky foods be eliminated, and that there be a reasonably low sugar intake to reduce this risk. Orthodontic appliances may contribute to swollen gums. Proper care and hygiene procedures ordinarily reduce this swelling or inflammation. Loose appliances should be reported as soon as noticed by the patient because they definitely could contribute to conditions mentioned above, or cause pain or injury.

### **Abnormal habits**

Reverse swallowing, tongue thrusting, finger, thumb, or lip sucking or other habits can cause less desirable results or relapse after treatment.

### **Nonvital tooth**

A nonvital, or dead tooth is a possibility. A tooth that has been traumatized by a blow or other causes can die over a long period of time with or without orthodontic treatment. A nonvital tooth may flare up during orthodontic movement and require endodontic (root canal) treatment. Orthodontics may increase this risk.

### **Root resorption**

A decrease in the size or length of the tooth's root can occur with or without orthodontic treatment. Trauma, impaction, movement, and gland disorders are some of the causes of root resorption. Orthodontic treatment does increase this possibility. Ordinarily, the amount of root shortening that sometimes occurs during orthodontic treatment is not clinically significant. In instances where severe root resorption occurs, the possibility of premature tooth loss is increased.

### **Impacted teeth**

Problems are sometimes encountered with impacted teeth; especially canines and wisdom teeth (third molars). This may lead to loss of the tooth, periodontal problems, or relapse of orthodontic treatment..

### **Bone loss**

Orthodontic tooth movement can cause bone loss. Rarely is this significant. Only in a case of extensive bone loss would there be a concern.

**Xray Exposure**

Excessive exposure to xrays can cause harm, so this office takes the minimum number of xrays needed to diagnose and perform orthodontic treatment.

**Temporomandibular joints (TMJ)**

The temporomandibular joint is the hinge on which the lower jaw moves. This is a complex part of the facial structure which can develop pain, degeneration, or malfunction before, during or after orthodontic treatment for many reasons not all of which are known. It is possible that realignment of the teeth may affect this joint.

**Growth pattern**

An unusual skeletal pattern and unfavorable growth may affect final orthodontic results. Surgical intervention is sometimes necessary.

**Relapse after treatment**

Teeth have a tendency to return toward their original position, which is called relapse. Rotations and crowding of the lower front teeth, slight spaces in extraction sites, or between the upper front teeth are common examples. Severe problems before treatment have a higher tendency to relapse after treatment. Proper retainer wear will help to minimize this situation. All parts of the body continue to change throughout life, teeth position included.

**Other unusual occurrences**

Unusual occurrences may include chipping of the teeth, dislodging of restorations, and instances where a patient swallows parts of the braces or appliances. Even though this is usually not serious, the orthodontist should be notified immediately.

**Receipt of Privacy Practices**

The patient or guardian have verbally been explained or have received a copy of this office’s Notice of Privacy Practices.

*Our office is HIPPA compliant and committed to exceeding the stadards of infection control mandated by OSHA, CDC, and ADA.*

Should I agree to treatment, I consent to the taking of photographs, x-rays, or other diagnostic tests or materials before, during, and after treatment, and to the use of these materials by the doctor in scientific papers, lectures, demonstrations, and professional education in all forms and media.

I certify that I have read or have had read to me the contents of this form. I understand and realize the risks and limitations involved in orthodontic treatment, and I consent to orthodontic treatment by Dr. Thomas F. Braun, his staff, or his designee.

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patient signature

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date

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guardian signature if patient under 18

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doctor or staff signature

\_\_\_\_\_
printed name of guardian