



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 by accepting their present oral condition. Alternatives to orthodontic treatment may be considerations. You are encouraged to discuss alternatives with the doctor prior to beginning treatment.

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

PATIENT COOPERATION -

THE MOST IMPORTANT FACTOR IN COMPLETING TREATMENT ON TIME
The insufficient wearing of elastics, removable appliances, headgear or neck strap; broken appliances, and missed appointments prevent our obtaining the desirable jaw growth anticipated. These factors can lengthen treatment time and adversely affect the quality of treatment results.

NONVITAL TOOTH -

TYPICALLY THE RESULT OF AN INJURED TOOTH
An injured tooth may die and discolor over a period of time with or without orthodontic treatment. An injured tooth could flare up during orthodontic movement and would require root canal treatment. The resulting discoloration of a tooth may be noticed after treatment has begun or following appliance removal. This is seldom due to the orthodontic treatment.

ROOT RESORPTION -

SHORTENING OF ROOT ENDS
This can occur with or without orthodontic treatment. Under healthy conditions, shortened roots are usually not a problem. Injury, impaction, endocrine or idiopathic disorders can also be responsible.

IMPACTED TEETH -

TEETH UNABLE TO ERUPT NORMALLY
In attempting to move impacted teeth, especially cuspids, various problems are sometimes encountered, which may lead to loss of the tooth or periodontal problems. The length of time required to move such a tooth can vary considerably. Occasionally, twelve-year molars may be trapped under crowns of six years molars. Consequently, the removal of third molars may prove necessary.

TEMPORO-MANDIBULAR JOINT (TMJ) -

THE SLIDING HINGE CONNECTING THE UPPER AND LOWER JAWS
Possible problems may exist or occur during or following orthodontic treatment. Tooth position and bite can be a factor in this condition. A TMJ disorder is not always "bite" related. TMJ problems occur at the same rate regardless of whether a person receives orthodontic treatment or not.

GROWTH PATTERNS -

FACIAL GROWTH OCCURRING DURING OR AFTER TREATMENT
Uncorrected finger, thumb, tongue, or similar pressure habits, unusual hereditary skeletal patterns, insufficient or undesirable growth can all influence treatment results, affect facial change, and cause shifting of teeth during or following retention. Surgical procedures can frequently correct these problems. On rare occasions, it may be necessary to recommend a change in the original treatment plan.

RELAPSE -

MOVEMENT OF TEETH FOLLOWING TREATMENT
Settling or shifting of teeth following treatment, as well as after retention, will most likely occur in varying degrees. Some of these changes may or may not be desirable. Rotation and crowding of lower anterior teeth are the most common examples of relapse. Slight spaces in the extraction sights or between some upper anterior teeth are additional examples. Often a patient will be advised to wear a retaining appliance every night or a few evenings each week for an indefinite period.

PERIODONTAL PROBLEMS -

GUM INFLAMMATION, BLEEDING, AND PERIODONTAL DISEASE
Swollen, inflamed, and bleeding gums can usually be prevented by proper and regular flossing and brushing. Periodontal disease can be caused by accumulation of plaque and debris around the teeth and gums, but there are several unknown causes that can lead to progressive loss of supporting bone and recession of the gums. Should the condition become uncontrollable, orthodontic treatment may have to be discontinued short of completion. This would be rare; usually in adults with a pre-existing periodontal problem.

UNUSUAL OCCURRENCES -

Swallowing an appliance, chipping a tooth, dislodging a restoration, an ankylosed tooth, an abscess, or cyst are extremely rare occurrences. Sometimes orthodontic appliances may be accidentally swallowed or aspirated, or may irritate or damage the oral tissues. The gums, cheeks, and lips may be scratched or irritated by loose or broken appliances or by blows to the mouth.

DENTAL CHECK-UPS -

All necessary dentistry must be completed prior to starting orthodontic therapy. It is essential that the patient maintain his or her regular examinations with a dentist every six months during the treatment period.

I certify that I have read the contents of this form and understand the risks and limitations involved with orthodontic treatment.

Patient/Parent Date

Witness Date