

REQUEST AND CONSENT TO ORTHODONTIC TREATMENT

While recognizing the benefits of healthy teeth and a pleasing smile, you should also be aware that orthodontic treatment has limitations and potential risks. These are seldom enough to avoid treatment, but should be considered in making the decision to undergo orthodontic treatment. Orthodontic treatment usually proceeds as planned; however, like all areas of health care, results cannot be guaranteed.

RISKS

All forms of medical and dental treatment, including orthodontics, have some risks and limitations. Fortunately, in orthodontics, complications are infrequent and when they occur are usually of minor consequence, but the following should be considered in making the decision to undergo orthodontic treatment:

1. Tooth decay, gum disease and permanent markings (decalcification) on the teeth can occur if orthodontic patients eat foods containing excessive sugar and/or do not clean their teeth frequently and properly. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces.
2. In some patients, the length of the roots of the teeth may be shortened during orthodontic treatment. Some patients are prone to this, especially those who have experienced traumatic injury to a tooth. Usually this does not have significant consequences, but on occasion it may become a threat to the longevity of the tooth involved.
3. Teeth may have a tendency to change their positions after treatment. Throughout life, tooth position is constantly changing and the bite may change adversely with growth, maturational changes, oral habits and/or other factors, all of which may be out of the control of the orthodontist. For most patients, we recommend lifetime retainer use to maintain the orthodontic treatment result.
4. Generally, the literature demonstrates that orthodontic treatment plays a neutral role in regard to Temporomandibular Disorder (TMD). Occasionally, problems may occur in the jaw joints, e.g., joint pain, limited opening or headaches. Any of the above noted symptoms should be promptly reported to the orthodontist. Referral to other specialists may be indicated.
5. Sometimes a tooth may have been traumatized by a previous accident or a tooth may have large fillings which can cause damage to the nerve of a tooth. Orthodontic tooth movement may, in some cases, further aggravate this condition and in rare instances hasten the need for root canal therapy.
6. Since the mouth is sensitive to changes, the introduction or adjustment of any appliance may result in discomfort or sensitivity that varies with each patient and the procedure performed (typical post-adjustment tenderness may last 24-48 hours). This discomfort can usually be resolved by using over-the-counter non-aspirin pain medication.
7. On rare occasions, when dental instruments are used in the mouth, the patient may inadvertently get scratched, poked or a tooth may be struck. Sometimes orthodontic appliances may be accidentally swallowed, aspirated, or may irritate adjacent oral tissues. The gums, cheeks and lips may be scratched or irritated by loose or broken appliances or by blows to the mouth. Inform your orthodontist of broken or loose appliances when noticed. It is recommended that mouthpieces be worn during sports activities.
8. If improperly handled, use of a headgear may cause injury to the face or eyes. Patients are warned not to wear the appliance during times of horseplay or competitive activity. Although our headgears are equipped with a safety system, we urge caution at all times.
9. When clear or tooth-colored ceramic brackets have been utilized, incidents of patients experiencing bracket breakage and/or damage to teeth, including attrition and enamel flaking/fracturing upon bracket removal have been reported. Fractured brackets may result in remnants that might be harmful to the patient especially if swallowed or aspirated.
10. Sometimes oral surgery, tooth removal or orthognathic surgery is necessary in conjunction with orthodontic treatment, especially to correct crowding or severe jaw discrepancies. Risks involved with treatment and anesthesia should be discussed with your general dentist or oral surgeon before making your decision to proceed with treatment.
11. Atypical formation of teeth or insufficient or abnormal changes in the growth of the jaws may limit our ability to achieve the desired result. If growth becomes disproportionate during or after treatment, the bite may change, requiring additional treatment, or in rare instances, surgery to balance disproportionate growth. Growth disharmony and unusual tooth formation are biological processes beyond the orthodontist's control. Growth changes that occur after active orthodontic treatment has ended may alter the final treatment result.
12. When teeth are crowded, they may require removing a small amount of enamel from between the teeth to reduce their width. Teeth that require interproximal reduction or slenderizing in order to create the space needed for dental alignment to occur are not more susceptible to tooth decay nor does it predispose gums to gum disease.
13. Teeth which have been overlapped for long periods of time may be missing the gingival tissue below the interproximal contact once the teeth are aligned, leading to the appearance of a "black triangle" space.

14. Impacted and unerupted teeth are occasionally a problem that may lengthen the estimated treatment time. The process of bringing impacted teeth into mouth may result in damage to adjacent teeth, gum problems, shortened roots and ankylosis (fusion to the bone).
15. The total time required to complete treatment may exceed the estimated treatment plan. Poor compliance in wearing appliances and/or elastics for the required time per day, poor oral hygiene, broken braces/appliances, missed appointments can lengthen treatment time and negatively affect the quality of the final treatment results.
16. We have devoted considerable time, effort and resources into the design of our schedule to ensure that we have the greatest number of appointments to offer during the most requested times (before and after school/work). Longer appointments (placement/removal of braces/appliances) are scheduled during the morning school/work hours. Please note our first adjustment appointment begins at 7:50 a.m. and our last adjustment appointment begins at 4:30 p.m. (3:30p.m. on Wednesdays & Fridays).
17. Due to the wide variation in the size and shape of teeth, achievement of the most ideal result may require restorative (general) dental treatment as established in the treatment plan. You are encouraged to ask questions regarding dental care adjunctive to your orthodontic treatment to the doctor providing the service.
18. General medical problems can affect orthodontic treatment. Inform your orthodontist of any changes in your medical health.
19. If this treatment is considered Phase I/Interceptive a second phase of treatment should be assumed. Second phase of treatment would occur when all the adult teeth are present.

POSSIBLE ALTERNATIVES

For the vast majority of patients, orthodontic treatment is an elective procedure/improvement. One possible alternative to orthodontic treatment is no treatment at all. You could choose to accept your present oral condition and decide not to have orthodontic correction or improvement. The specific alternatives to orthodontic treatment for any particular patient depend on the nature of the individual's teeth, supporting structures and appearance.

ACKNOWLEDGEMENT OF INFORMED CONSENT AND CONSENT TO UNDERGO ORTHODONTIC TREATMENT

I have read, understood and have had all of my questions answered regarding the risks and limitations of orthodontic treatment. I have also been alerted to conditions that do or may exist, as indicated by my signature. I understand that orthodontics is not an exact science and acknowledge that no guarantees have been made to me regarding the results of orthodontic treatment.

Pertinent information necessary to aid in the decision-making process has been presented to me and I have been given the opportunity to ask all questions I have about the proposed orthodontic treatment and information contained in this form. I hereby consent to orthodontic treatment.

ORAL HYGIENE AGREEMENT

I realize, and it has been explained to me, that it is my responsibility to keep my orthodontic appliances (braces) clean. It is also my responsibility to maintain regular visits to my family dentist at least every six months. If I do **NOT** maintain proper oral hygiene throughout my orthodontic treatment, I understand that any or all of the following negative conditions may occur: permanent discoloration of my teeth, cavities or periodontal disease (gum infection). If any of the above conditions occur as a result of my poor oral hygiene, I realize that I may need procedures to be performed by my family dentist or a dental specialist. I also understand that if continual poor oral hygiene is not improved and the risk of decay and gum disease outweighs the benefit of additional orthodontic treatment, orthodontic treatment may be terminated.

EMERGENCIES

In case of an urgent orthodontic need after normal office hours please call Dr. Freeman on his cell phone **941.586.8509**.

Signature: Patient, Parent or Legal Guardian

Date