

Informed Consent

Excellent orthodontic results are generally achieved by patients who understand their treatment goals and know what they must do to fully participate in their treatment. Orthodontic treatment, like any form of healthcare, has some risks and limitations. The risks are seldom severe enough to offset the advantages of treatment, but they should be considered when you decide to start orthodontic treatment. In our practice, we recommend treatment only when the expected benefits far outweigh the risks.

RISK FACTORS ARISING FROM NORMAL BIOLOGICAL PROCESSES:

PERIODONTAL DISEASE – Health of the bones & gums which support the teeth may be affected by orthodontic tooth movement, many times this is attributed to poor oral hygiene. In general, orthodontic treatment lessens the possibility of tooth loss & infection by improving the bite.

TRAUMATIZED TEETH/ROOT RESORPTION/NERVE DAMAGE – In some patients the roots of the teeth may be shortened during orthodontic treatment. Although this is usually not a significant consequence, it may affect the longevity of the teeth involved. A tooth that has been traumatized by accident or deep decay may have experienced damage to the nerve of the tooth. Orthodontic tooth movement may, in some cases, aggravate this condition resulting in a root canal treatment, or in severe cases, tooth loss.

TEMPOROMANDIBULAR JOINT (TMJ) – Problems may occur in the jaw joint (TMJ) causing pain, headache, or ear problems. Jaw joint problems may occur with or without orthodontic treatment. Any problem, including pain, jaw popping, or difficulty opening or closing, should be reported to the orthodontist. Treatment by other medical or dental specialists may be necessary.

IMPACTED, ANKYLOSED, UNERUPTED TEETH – Teeth may become impacted (trapped below the bone or gums), ankylosed (fused to the bone) or just fail to erupt. Treatment of these conditions depends on the particular circumstance, and may require extraction, surgical exposure, or replacement.

NON-IDEAL RESULTS – Due to the wide variety in size & shape of teeth, missing teeth, etc., ideal result may not be possible. Restorative bonding, crowns or bridges or periodontal therapy may be indicated.

RISK FACTORS UNDER THE PATIENT'S CONTROL:

RESULTS OF TREATMENT – Our office will do everything possible to achieve the best result possible for each patient. However, we cannot guarantee that you will be satisfied with your results. The success of treatment greatly depends on your cooperation in keeping appointments, maintaining good oral hygiene, avoiding loose or broken appliances, and following the orthodontist's instructions carefully.

LENGTH OF TREATMENT – This varies from patient to patient, depending on severity of the case, patient's growth and cooperation during treatment. Treatment can be delayed due to unforeseen growth, delayed eruption, periodontal or other dental problems, and lack of cooperation during treatment.

POOR DIET OR ORAL HYGIENE LEADING TO DECALCIFICATION OR DENTAL CARIES – Excellent oral hygiene is essential during orthodontic treatment, as are regular visits to your family dentist. Poor hygiene could result in cavities, discolored teeth, periodontal disease and/or decalcification. The same problems can occur without orthodontic treatment, although the risk is greater while wearing braces. These problems can also be aggravated by a poor diet, or a diet high in sugary foods.

CHANGES IN THE BITE AFTER TREATMENT/RELAPSE – Not wearing the prescribed orthodontic retaining devices (retainers) as directed after treatment can lead to tooth movement. Other factors, such as mouth breathing, delayed jaw growth, tongue thrusting, grinding of the teeth, finger sucking or the eruption of the wisdom teeth, can also cause the bite to change after treatment.

OTHER CONSIDERATIONS:

ORAL SURGERY/EXTRACTIONS – Sometimes to achieve optimal results, tooth removal or oral surgery is necessary in conjunction with orthodontic treatment, especially to correct severe jaw imbalances. These procedures are performed by a dentist or oral surgeon, and are separate from your orthodontic treatment fee. As with any surgery, there are life threatening risks and potential disabilities involved with oral surgery. Please discuss these risks with the oral surgeon prior to making the decision about surgery.

ORTHODONTIC APPLIANCES/INJURY – Activities or foods which could damage, loosen or break appliances need to be avoided. Loosened or damaged orthodontic appliances can be inhaled or swallowed or cause other damage to the patient. Please contact the orthodontist with any unusual symptom or loose or broken appliance as soon as they are noticed. Damage to the enamel or restoration (crown, bonding, veneers) is possible when orthodontic appliances are removed. This is more likely to happen when ceramic brackets have been chosen for orthodontic treatment. If damage occurs to a tooth or restoration, restoration by your dentist may be necessary.

ALLERGIES/GENERAL HEALTH PROBLEMS – A patient could be allergic to some of the materials of their orthodontic appliances. This may require a change in treatment plan or discontinuation of treatment prior to completion. Although very uncommon, medical management of dental material allergies may be necessary.

DISCOMFORT – Please expect an adjustment period and some discomfort due to the placement of the orthodontic appliances. Non-prescription pain medication may be used during this period.

USE OF TOBACCO PRODUCTS – Tobacco products increase the risk of gum disease and healing. Users of these items are prone to oral cancer, gum recession, and delayed tooth movement during orthodontic treatment.

THIRD MOLARS – As third molars (wisdom teeth) develop, your teeth may change alignment. Your dentist/orthodontist should monitor them in order to determine when and if the teeth need to be removed

ACKNOWLEDGEMENT AND INFORMED CONSENT TO ORTHODONTIC TREATMENT: I have read, understand and have had all my questions answered with regard to the above described risks and limitations of orthodontic treatment. I have also been alerted to the higher risk in some aspects of this case, which I have initialed. I consent to the orthodontic treatment of:

Patient's Name _____

Signature _____

Date _____

Relationship to patient _____

RECORDS & PHOTOGRAPH RELEASE

CONSENT TO USE RECORDS -

I give my permission for the use of orthodontic records, including photographs, for purposes of professional consultations, research, education, or publication in professional journals.

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION –

I authorize the above doctor to provide other health care providers with information regarding the above individual's orthodontic care as deemed appropriate. I understand that once released, the above doctor & staff has (have) no responsibility for any further release by the individual receiving this information.

PHOTOGRAPHY RELEASE –

I hereby authorize Wilson Martino Dental Associates/TLC Dental Associates to take photographs, slides, and/or videos of my face, jaws, and teeth.

I understand that these will be used as a record of my care, and may be used for educational purposes in lectures, demonstrations, advertising(including website, Facebook publication, newspapers, magazines, phone books, television, etc.), and professional publications(dental magazines and journals).

I do not expect compensation, financial or otherwise, for the use of these photographs.

Signature _____

Date _____