

### ORTHODONTIC CONSENT INFORMATION

As a rule, informed and cooperative patients can achieve positive orthodontic results. Thus, the following information is routinely supplied to all who consider 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 the healing arts, results cannot be guaranteed.

### BENEFITS OF ORTHODONTIC TREATMENT

Orthodontics plays an important role in improving overall oral health, and in achieving balance and harmony between the teeth and face for a beautiful, healthy smile. An attractive smile enhances one's self esteem, which may actually improve the quality of life itself. Properly aligned teeth are easier to brush, and thereby may decrease the tendency to decay, or to develop diseases of the gum and supporting bone.

Because of the individual conditions present and the limitations of treatment imposed by nature, each specific benefit may not be attainable for every patient. The unknown factor in any orthodontic correction is the response of the patient to the orthodontic treatment.

### NATURE AND PURPOSE OF ORTHODONTIC PROCEDURES

Orthodontics strives to improve the bite by helping to direct the forces placed on teeth, thus protecting them from trauma during ordinary everyday activities, such as chewing stress throughout the mouth to minimize excessive stress on bones, roots, gum tissue and temporomandibular joints.

Through orthodontic treatment, potential dental problems may be eliminated, including the problem of abnormal wear. Treatment can facilitate good oral hygiene to minimize decay and future periodontal problems. Also, orthodontics can provide a pleasant smile, which can enhance one's self-image.

### CONSENT FOR ROUTINE DENTAL CARE DURING ORTHODONTIC TREATMENT

It is the patient's or parent/guardian responsibility to visit a general dentist, periodontist and/or other dental specialists for routine dental care prior and during orthodontic treatment. Routine visits should be at least every six months and in some cases more often as prescribed by your **PCD, Primary Care Dentist**. Treatments to be provided to you by the **PCD** will include, but may not be limited to, dental cleanings, restorative dentistry and periodontal therapy as prescribed by the **PCD**. Necessary procedures will be performed by other dental professionals at your expense and are **NOT** part of your orthodontic treatment plan. The orthodontic treatment we render in most cases will not include any of the previously mentioned dental procedures. In the event we notice any condition not normally treated by an orthodontist you will be referred to the appropriate dental professional. The orthodontist is **NOT** your **PCD** and the patient or parent/guardian are solely responsible for making appointments to receive routine dental care on an ongoing or as needed basis during orthodontic therapy.

### ORTHODONTIC TREATMENT RISKS

All forms of medical and dental treatment, including orthodontics, have some risks and limitations. Fortunately, in orthodontics complications are infrequent and when they do occur they are usually of minor consequence. Nevertheless, they should be considered when making the decision to undergo orthodontic treatment. The major risks involved in orthodontic treatment may include, but not limited to the following:

1. **DECALCIFICATION:** (Permanent enamel markings) 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 brush their teeth frequently and properly. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces.
2. **ROOT SHORTENING:** In some patients the length of the roots may be shortened during orthodontic treatment. Some patients are prone to this happening, some are not. Usually this does not have significant consequences, but on occasion it may become a threat to the longevity of the teeth involved.
3. **GOOD ORAL HYGIENE:** The health of the bone and gums which support the teeth may be affected by orthodontic tooth movement if a condition already exists, and in some rare cases where a condition doesn't appear to exist. In general, orthodontic treatment lessens the possibility of tooth loss or gum infection due to misalignment of the teeth or jaws. Inflammation of the gums and loss of supporting bone can occur if bacterial plaque is not removed daily with good oral hygiene.

I agree to keep the treating orthodontist informed of **ANY** changes in my dental or medical health.

Patient's Name: \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

## Orthodontic Consent Information - Risks Continued

4. **RELAPSE TENDENCY:** Teeth have a tendency to change their positions after orthodontic treatment. This usually is only a minor change and faithful wearing of retainers as instructed should help reduce this tendency. Throughout life the bite can change adversely from various causes, such as: eruption of wisdom teeth, growth and/or maturational changes, mouth breathing, playing of musical instruments and other oral habits, all of which may be out of the control of the orthodontist. It is more likely than not you will experience some degree of orthodontic relapse after orthodontic care. Everyone does! The general population exhibits a vast array of dentofacial traits that are unique to each individual. Some patients present with crowding or spacing; others have overbites, crossbites, underbites and many other orthodontic problems. Dentofacial traits are inherited from the family gene pool. It is not always possible to fully correct or modify every trait. We will do our very best to modify or change as many of your traits as we can.
5. **JAW JOINT PROBLEMS:** 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-noted symptoms should be promptly reported to the orthodontist.
6. **LOSS OF TOOTH VITALITY:** Sometimes a tooth may have been traumatized by a previous accident or a tooth may have large fillings that can cause damage to the nerve of the tooth. Orthodontic tooth movement may in some cases aggravate this condition and in rare instances may lead to root canal treatment.
7. **POST-ADJUSTMENT PAIN:** 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. Usual post adjustment tenderness should be expected, and the period of tenderness or sensitivity varies with each patient and the procedure performed. (Typical post-adjustment tenderness may last 24 to 48 hours). You should inform your orthodontist of any unusual symptoms, or broken or loose appliances, as soon as they are noted.
8. **MINOR INJURIES:** On rare occasions, when dental instruments are used in the mouth, the patient may inadvertently get scratched, enamel abrasions, poked or receive a blow to a tooth with potential damage to or soreness of affected oral structures. Abnormal wear of tooth structures is also possible if the patient grinds their teeth excessively. We will use extreme care to avoid minor injuries.
9. **HEADGEAR INSTRUCTIONS:** (If headgear is necessary) Improperly handled, headgear may cause injury to the face or eyes, even blindness. There have been a few reports of injury to the eyes of patients wearing headgear. 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.
10. **ADJUNCTIVE SURGERY:** Sometimes oral surgery, tooth removal or orthodontic surgery, is necessary in conjunction with orthodontic treatment, especially to correct crowding or severe jaw imbalances. Risks involved with treatment and anesthesia should be discussed with your general dentist or oral surgeon before making your decision to proceed with this procedure.
11. **UNFAVORABLE GROWTH:** 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, or a tooth forms very late, the bite may change, requiring additional treatments or, in some cases, oral surgery. Growth disharmony and unusual tooth formations are biological processes beyond the orthodontist's control. Growth changes that occur after orthodontic treatment may alter the quality of treatment results.
12. **TREATMENT TIME:** The total time required to complete treatment may exceed the original estimate. Excessive or deficient bone growth, poor cooperation in wearing the appliance the required hours per day, poor oral hygiene, broken appliances and missed appointments can lengthen the treatment time and affect the quality of the end results
13. **CERAMIC BRACES:** When clear and tooth colored brackets (ceramics) have been utilized, there have been some reported incidents of patients experiencing bracket breakage and/or damage to teeth, including attrition and enamel flaking or fracturing on debonding. Fractured brackets may result in remnants that might be harmful to the patient especially if swallowed or aspirated.
14. **ADJUNCTIVE DENTAL CARE:** Due to the wide variation in the size and shape of teeth, achievement of the most ideal result (for example, complete closure of excessive space) may also require restorative dental treatment. The most common types of treatment are cosmetic bonding, crown and bridge restorative dental care and/or periodontal therapy. You are encouraged to ask questions regarding dental and medical care adjunctive to orthodontic treatment of those doctors who provide these services.
15. **MEDICAL PROBLEMS:** General medical problems can affect orthodontic treatment. You should keep your orthodontist informed of any changes in your medical health.
16. **PERFECTION IS OUR GOAL:** In dealing with human beings and problems of growth and development, genetics and patient cooperation, achieving perfection is not always possible. Orthodontics is an art, not an exact science; therefore, a functionally and esthetically adequate result, not 100% perfection, must be acceptable. Your comments in regard to your expectations prior to, during and after orthodontic treatment will help us understand your concerns. Please keep us regularly informed of your feelings and concerns.
17. **Retainers:** Your orthodontic correction will be maintained with retainers. The majority of the orthodontic correction can be maintained if you wear your retainers as instructed. Lack of cooperation will result in faster return of the original problem. In many cases it may be necessary to have another period of active orthodontic treatment to re-align teeth that have relapsed. Many of our patients return several years after an initial treatment with braces for Invisalign therapy or braces again. Repeated treatments are also common when one has plastic surgery. Wrinkles return! Prior to initiating orthodontic treatment I have been informed that the treatment result will not be permanent.

Patient's Name: \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Paul L. Ouellette, D.D.S., M.S., ABO, Orthodontist

*Affordablebraces.com, PA & ClearSmilesUSA*

**ORTHODONTIC CONSENT INFORMATION**

**TREATMENT ALTERNATIVES**

For the vast majority of patients, orthodontic treatment is an elective procedure. One possible alternative to orthodontic treatment is **NO TREATMENT AT ALL**. You could choose to accept your present oral condition or improvement. The specific alternative to the orthodontic treatment of any particular patient depends on the nature of the individual's teeth, dentofacial traits, supporting structures and esthetic appearance. Alternatives could include:

1. Extraction versus treatment without extraction;
2. Orthodontic surgery versus treatment without orthodontic surgery;
3. Possible prosthetic solutions (bridges, partials, replacement teeth); and
4. Possible compromised approaches (To be discussed with you, if applicable).

Comments: \_\_\_\_\_

Questions: \_\_\_\_\_

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**Patient's Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Patient/Parent/Guardian Signature** \_\_\_\_\_

**Patient/Parent/Guardian Signature** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Witness:** \_\_\_\_\_