

## Informed Consent for the Orthodontic Patient

**Orthodontics and Dentofacial Orthopedics** is the dental specialty that includes the diagnosis, prevention, interception, and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature orofacial structures. An **Orthodontist** is a dental specialist who has completed at least two additional years of graduate training in orthodontics at an accredited university after graduation from dental school.

Successful orthodontic treatment is a partnership between the orthodontist and the patient. The doctor and the 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. Alternatives to orthodontic treatment vary with the individual's specific problem, and prosthetic solutions or limited orthodontic treatment may be considerations. You are encouraged to discuss alternatives with the doctor prior to treatment.

**Results of Treatment:** Orthodontic treatment usually proceeds as planned, and we intend to do everything possible to achieve the best results for every patient. However, we can't guarantee that you will be completely satisfied with your results, nor can all complications or consequences be anticipated. Much of the success of treatment depends on patient cooperation in keeping appointments, maintaining good oral hygiene, avoiding loose or broken appliances, and following the doctor's instructions carefully.

**Length of Treatment:** The length of treatment depends on a number of issues, including the severity of the problem, the patient's growth and the level of patient cooperation. The actual treatment time is usually close to the estimated treatment time, but treatment may be lengthened if, for example, unanticipated growth occurs, if there are habits affecting the dentofacial structures, if periodontal or other dental problems occur, or if patient cooperation is not adequate. Therefore, changes in the original treatment plan may become necessary.

**Discomfort:** The mouth is very sensitive to changes and the introduction of orthodontic appliances means that you expect a period of adjustment. There may be some occasional discomfort associated with orthodontic treatment. This can usually be resolved by using a simple, over-the-counter pain medication.

**Relapse:** The fact that you have completed orthodontic treatment does not ensure a lifetime of perfectly straight teeth. Retainers will usually be necessary to hold the teeth in their new positions. Patients who do not wear their retainers faithfully often see shifting of their teeth and can encounter other adverse effects. Regular retainer wear is often necessary for several years following orthodontic treatment. However, changes after that time can occur due to natural causes, including habits, such as tongue thrusting, mouth breathing and growth and maturation that continue throughout life. Shifting of the teeth later in life occurs in almost everyone. Therefore, slight irregularities, particularly of the lower front teeth, may have to be accepted. If changes in tooth or jaw alignment occur, correction may require additional orthodontic treatment or, in some cases, surgery. Some situations may require non-removable retainers or other dental appliances made by your family dentist.

**Extractions:** Some cases will require the removal of deciduous (baby) teeth or permanent teeth. There are additional risks associated with the removal of teeth which you should discuss with your family dentist or oral surgeon prior to the procedure.

**Orthognathic Surgery:** Some patients have significant skeletal disharmonies which require orthodontic treatment in conjunction with orthognathic surgery. There are additional risks associated with this surgery which you should discuss with your surgeon prior to beginning orthodontic treatment. Please be aware that orthodontic treatment prior to orthognathic surgery often only aligns the teeth within the individual dental arches. Therefore, patients discontinuing orthodontic treatment without completing the planned surgical procedures may have a malocclusion that is worse than when they began treatment.

**Decalcification and Dental Caries:** Excellent oral hygiene is essential during orthodontic treatment as are regular visits to your family dentist. Poor hygiene may result in cavities, decalcification, discolored teeth and periodontal disease. These same problems may occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances. These problems may be aggravated if the patient has not had the benefit of fluoridated water or its substitute, or if the patient often consumes sweetened beverages or food.

**Root Resorption:** The roots of some patient's teeth become shorter during orthodontic treatment. It is not known exactly what causes root resorption, nor is it possible to predict which patients will experience it. However, many patients have retained teeth throughout life with severely shortened roots. If resorption is detected during orthodontics, your orthodontist may recommend a pause in treatment or the removal of the appliances prior to completion.

**Nerve Damage:** A tooth that has been traumatized by an accident or deep decay may have experienced damage to the nerve of the tooth. Orthodontic tooth movement may, in some cases, aggravate this condition. In some cases, root canal treatment may be needed. In severe cases, the tooth may be lost.

**Periodontal Disease:** Gum and bone disease can develop or worsen during orthodontic treatment due to many factors, but most often due to the lack of adequate oral hygiene. You must have your general dentist, or if indicated, a periodontist monitor your periodontal health during orthodontic treatment. If periodontal problems cannot be controlled, orthodontics may have to be discontinued.

**Injury From Orthodontic Appliances:** All patients must avoid activities and foods which might loosen or dislodge parts which could be swallowed or inhaled. You should inform your orthodontist of any unusual symptoms or of any loose or broken appliances as soon as they are noticed. Damage to the enamel of a tooth or to a restoration is possible when orthodontic appliances are removed. If damage to a tooth or restoration occurs, restoration of the tooth/teeth by your dentist may be necessary.

**Temporomandibular (Jaw) Joint Dysfunction:** Problems may occur in the jaw joints, causing pain, headaches or ear problems. Many factors can affect the health of the jaw joints, including past trauma, arthritis, hereditary tendency to jaw joint problems, excessive tooth grinding or clenching, poorly balanced bite, and many medical conditions. Jaw joint problems may occur with or without orthodontic treatment. Any jaw joint symptoms, including pain, jaw popping or difficulty opening or closing, should be promptly reported to the orthodontist.

**Impacted, Ankylosed, Unerupted Teeth:** Teeth may become impacted (trapped below the bone or gums), ankylosed (fused to the bone) or just fail to erupt. Often times, these conditions occur for no apparent reason and generally cannot be anticipated. Treatment of these conditions depends on the particular circumstance and the overall importance of the involved tooth, and may require extraction, surgical exposure, surgical transplantation or prosthetic replacement.

**Occlusal Adjustment:** At the end of treatment there may be some minor imperfections in the way the teeth meet. This is due to irregularities in the shape and size of the teeth, dental restorations, etc. For these reasons, an occlusal equilibration may be necessary. It may also be necessary to remove a slight amount of enamel between the teeth (stripping) making flatter surfaces to reduce the chance of relapse.

**Non-Ideal Results:** Due to a wide variation in the size and shape of the teeth, missing teeth, etc., achievement of an ideal result may not be possible. Restorative dental treatment, such as esthetic bonding, crowns or bridges or periodontal therapy, may be indicated. You are encouraged to ask your family dentist about adjunctive care.

**Third Molars:** The development of third molars (wisdom teeth) may change the alignment of the teeth and your dentist or orthodontist should monitor their development to decide if they need to be removed or not.

**Allergies:** Occasionally, patients can be allergic to some of the component materials of their orthodontic appliances. This may require a change in treatment or discontinue of treatment prior to completion. Although very uncommon, medical management of dental material allergies may be necessary.

**General Health Problems:** General health problems, such as bone, blood or endocrine disorders, and many prescription and non-prescription drugs can affect your orthodontic treatment. It is imperative that you inform your orthodontist of any changes in your general health status.

**If any of the complications mentioned above do occur, a referral may be necessary to your family dentist or another dental or medical specialist for treatment. Fees for these services are not included in the cost for orthodontic treatment.**

### **Acknowledgement**

I hereby acknowledge that I have read and fully understand the treatment considerations and risks presented above. I also understand that there may be other problems that occur less frequently than those presented, and that actual results may differ from the anticipated results. I also acknowledge that I have discussed this form with the undersigned orthodontist, and have been given the opportunity to ask any questions. I have been asked to make a choice about my treatment. I hereby consent to the treatment proposed and authorize the orthodontist indicated below to provide the treatment. I also authorize the orthodontist to provide my health care information to my other health care providers. If my treatment plan includes a surgical option, I understand that expenses for such surgery are separate from my orthodontic treatment expenses, and I will be responsible for them. I understand that if I do not complete the surgical option or any other treatment recommendation from the undersigned orthodontist, my treatment results may be compromised. In such case, I hereby agree not to hold the orthodontist liable for any compromised treatment.

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signature of patient/parent/guardian      date

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signature of orthodontist      date

\_\_\_\_\_  
witness      date