

Peter L. Thompson, DDS
Orthodontic Informed Consent

For the orthodontic treatment of _____.

In the vast majority of orthodontic cases, significant improvements can be achieved. While the benefits of a pleasing smile, face and healthy dentition are widely appreciated; orthodontic treatment remains an elective procedure. It, like any other treatment of the body, has some inherent risk and limitations. These are seldom so serious as to contra-indicate orthodontics, but should be considered in making the decision to undergo treatment. You are therefore urged to read the following information, ask us any questions that may come to mind, then (after you are completely satisfied with our explanations) consent to our treating you or your child by signing this form.

PATIENT COOPERATION – THE MOST IMPORTANT FACTOR IN COMPLETING THE 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 are factors, which can lengthen treatment time and adversely affect the quality of treatment results.

DECALCIFICATION – TOOTH DISCOLORATION

The avoidance of chewing hard and sticky foods will keep bands and brackets from loosening. This and the reduction of sugar intake, reporting any loose bands as soon as they are notice, will help minimize decay and gum problems. It is important to brush your teeth and gums immediately after eating. This will prevent decalcification, the white soft enamel areas that can become decay.

NONVITAL TOOTH- USUALLY THE RESULT OF AN INJURED TOOTH

An injured tooth can die over a period of time with or without orthodontic treatment. This tooth may flare up during orthodontic movement and would require root canal treatment. Such discoloration of a tooth may be noticed after treatment has started or following appliance removal. Devitalization is seldom due to orthodontics.

ROOT RESORPTION- SHORTENING OF ROOT ENDS

This can occur with or without orthodontic treatment. Under healthy conditions the shortened roots usually are no 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-years molars may be trapped under crowns of six-year molars; consequently the removal of third molars may prove necessary.

TEMPORO-MANDIBULAR JOINTS (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. TMJ problems are not all "bite" related. Remember that most individuals that have a TMJ problem have never had orthodontic treatment.

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 our results, effect 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 our 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. Rotations and crowding of lower anterior teeth are most common examples. Slight spaces in the extraction sights, or between some upper anterior teeth are other examples. Sometimes we might advise the wearing of a retaining appliance every night or a few evenings each week for an indefinite period.

PERIODONTAL DISEASE- GUM INFLAMMATION, BLEEDING, AND PERIODONTAL DISEASE

Proper and regular flossing and brushing can usually prevent swollen, inflamed, and bleeding gums. 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 pre-existing periodontal problem.

UNUSUAL OCCURENCES-

Swallowing an appliance, chipping a tooth, dislodging a restoration, an ankylosed tooth, an abscess, or cyst may occur, but these are rare. 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 our starting orthodontic therapy. It is essential that the patient maintain their regular examinations with us every six months during the treatment period.

Again, it is our intent to inform you of the myriad of possibilities that exist as potential problems. Most of these conditions occur rarely. There may be other inherent risks not mentioned. You should be aware that these things can happen. If any of these conditions should develop, every effort will be made to refer the patient to the appropriate therapist. Treatment of human biologic conditions will never reach a state of perfection despite technological advancements. Your treatment depends on a close professional working relationship. Patients should feel free to inquire about any aspect of their treatment. Understanding and cooperation are essential for the results we both seek.

Notes: _____

I consent to the taking of photographs and x-rays before, during, and after treatment, and to the use of same by the doctor in scientific papers or demonstrations. I certify that I have read or had read to me the contents of this form and do realize the risks and limitations involved, and do consent to orthodontic treatment.

Date _____ Signature of Patient, Parent or Guardian _____