

## INFORMED CONSENT FOR THE ORTHODONTIC PATIENT

All types 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:

1. Tooth decay, gum disease, and permanent markings (decalcification) on the teeth can occur if orthodontic patients eat foods with 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. For adult patients, we recommend a periodontal examination and a cleaning every 3 months.

2. When braces are initially placed usual post adjustment tenderness should be expected, and the period of tenderness varies with each patient and procedure performed. (Typical post-adjustment tenderness may last 24-48 hours.) Also, these may cause some oral irritation that will go away shortly.

3. Teeth have a tendency to move throughout life. Usually this movement is only minor. Faithful wearing of retainers reduces this tendency. A common site for changes is the lower front teeth. Some changes in this area can be expected, whether orthodontic treatment is done or not.

4. The total time required to complete treatment may exceed the estimate. Excessive breakage, poor cooperation in wearing appliances, poor oral hygiene, and missed appointments can lengthen the treatment time and affect the quality of the end results.

5. In some patients the length of the roots of the teeth 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.

6. Occasionally the jaws may cease to grow normally. If growth becomes disproportionate, the relationship of the upper jaw to the lower jaw may change, requiring additional treatment or in some cases, surgery. Growth disharmony is a biological process beyond the orthodontist's control. Growth changes that occur after active treatment may alter the quality of treatment results.

7. If improperly handled, headgear may cause injury to the face or eyes, even blindness. Although our headgears are equipped with a safety system, patients are warned not to wear the appliance during times of horseplay or competitive activity.

8. In some instances 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 noted symptoms should be promptly reported to the orthodontist.

9. Sometimes an orthodontic appliance may be accidentally swallowed or aspirated. If aspiration occurs the appropriate referrals will be made.

10. 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 the tooth. Orthodontic tooth movement may in some cases aggravate this condition and in rare instances may lead to root canal treatment.

11. 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 require restorative dental treatment, and/or periodontal treatment.

For the 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 and decide to live without orthodontic correction or improvement.

We are only responsible for orthodontic treatment. The patient should continue seeing their general dentist for cleanings and exams.

#### ACKNOWLEDGEMENT OF INFORMED CONSENT

I hereby acknowledge that I have read and understand the above form and consent to treatment.

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Signature

\_\_\_\_\_  
Date

#### CONSENT TO USE OF RECORDS

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date