

## ORTHODONTIC CONSENT FORM

PATIENT'S NAME \_\_\_\_\_

Dear \_\_\_\_\_,  
(Patient or Parent's Name)

We ask you to read the following to share with you some facts about orthodontic treatment, which like any medical or dental treatment, includes some limitations. This information is routinely supplied to anyone considering orthodontic treatment in our office.

Informed consent is a standard requirement facing all medical and dental practitioners. It is the responsibility of my staff and my self to provide each patient with information so that the patient has an understanding of the extent of the problem, benefit of treatment, risks of treatment, treatment alternatives and consequences if no treatment is performed.

Orthodontic treatment is an elective procedure; therefore we want you to read the following information and ask me or my staff any questions. After you are completely satisfied with our explanations, consent to treatment by signing this "**Informed Consent Document.**" This is standard procedure in our office.

### 1. PATIENT COOPERATION

As a rule, excellent orthodontic results can be achieved with informed and cooperative patients. Patient cooperation is one of the most important factors in determining whether treatment is completed on time. The key to successful treatment is a joint effort by the patient, parents, orthodontic practitioner and the staff working together.

To help achieve the most successful results, the patient must do the following:

- a) Keep regularly scheduled appointments
- b) Practice good oral hygiene including brushing, flossing, etc.
- c) Wear orthodontic appliances as indicated
- d) Wear elastics if necessary.
- e) Eat proper foods so as not to dislodge the braces (brackets, bands).
- f) Wear retainers after braces are removed.

Failure to adhere to instruction can lengthen the treatment time and can adversely affect the quality of the treatment results. In extreme circumstances, it could be necessary to discontinue orthodontic treatment.

## **2. CAVITIES, SWOLLEN GUMS, WHITE SPOTS**

Orthodontic appliances do not cause cavities or swollen gums, but because of their presence, food particles and dental plaque are retained and the potential problems will increase. Cavities, swollen gums and white spots (decalcification) can result from lack of brushing and flossing and poor oral hygiene, and need not occur if good oral hygiene procedures are closely followed. The permanent white lines (decalcification) that are sometimes visible around the area of the brackets signal the early stage of a cavity. Sugary foods and between meal snacks should be eliminated.

If a bracket or band becomes loose the patient must return to the office as soon as possible, otherwise the possibility for a cavity exists. Missed appointments could result in tooth damage due to undetected loose bands.

In addition to regular monthly visits for orthodontic work, we suggest that orthodontic patients see their dentists at least twice a year for periodic examination and cleaning.

## **3. LOSS OF TOOTH VITALITY**

Loss of tooth vitality (nerve within the tooth dies) can occur with or without orthodontic treatment, as it is usually related to a previous injury to the tooth and may even be a result of a large cavity or a large filling in a tooth. The tooth usually discolors and requires root canal treatment in order to maintain the health of the tooth.

## **4. ROOT RESORPTION**

Progressive shortening of the roots of certain teeth may occur in some individuals with or without orthodontic treatment. This is a negative side effect that occurs rarely with fixed appliances or braces. Root shortening (root resorption) can be caused by trauma, injury excessive forces, impaction of teeth, prolonged treatment and hormonal imbalances. Certain patients seem more predisposed to root resorption than others. No one seems to know exactly why nor can one predict for certain when it might occur.

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Slight root resorption usually presents no problems for patients who have normal root length and healthy gums and bone. If the patient has advanced gum disease with resultant loss of supporting bone, then root resorption could cause the tooth to be lost sooner.

### **5. UNFAVORABLE GROWTH**

In the case of younger patients, the treatment plan will be determined on the anticipated amount and direction of facial growth. On occasion, the facial growth does not occur as predicted and it may be necessary to recommend a change in treatment objectives and procedures. Abnormal growth is a biological process and is beyond the dentist's control. Growth patterns can be adversely affected by finger, thumb or tongue habits. Persistent mouth breathing (abnormal breathing pattern) may cause facial growth to occur in a more vertical direction. My philosophy is to treat problems early and non-surgically. Only in extreme cases will jaw surgery be necessary to correct the problem.

### **6. JAW JOINT PROBLEMS (TMJ)**

Some patients experience jaw joint (temporomandibular joint) problem prior to, during and after orthodontic treatment. Usually multiple factors cause this condition. Some of the signs and symptoms of jaw joint (TMJ) dysfunction include clicking, popping, limited mobility, and in severe cases, pain and locking of the jaw.

Many people experience these symptoms independent of orthodontic treatment and some are even referred for orthodontic therapy to correct these conditions. Occasionally, a patient may experience some of these symptoms during the movement of the teeth in orthodontic treatment, but hopefully they will subside after treatment is completed.

However, jaw joint problems are not all "bite" related, as tension appears to play a role in the frequency and severity of jaw joint pain. The problems are more common in females and seem to get worse with age. In many cases, muscle spasms are the cause of pain. The emotional state of the person predisposed to this problem is a factor and the symptoms may fluctuate with the emotional state of the individual.

During the records appointment, we attempt to determine the seriousness of the jaw joint problem and then try to minimize the signs and symptoms through out the treatment. In some cases functional orthopedic appliances such as an expansion, appliances, lower jaw advancements appliance (Twin Block, Rick-A-Nator) anterior Sagittal Appliance, etc. are helpful in preventing or treating these problems.

### **7. ENAMEL REDUCTION**

Reshaping the teeth before, during or after treatment may be recommended to provide room for alignment, improved appearances and stability. This reduction of the outer layers of enamel seldom presents a problem with enamel integrity or causes any increase in the number of cavities.

## **8. TOOTH SIZE DISCREPANCY**

If after orthodontic treatment minor spacing occurs between the teeth because of small or abnormal tooth size, bonding (white filling material) may be suggested to fill in the spaces. This improves the esthetics and stability of the case.

## **9. TREATMENT TIME**

Treatment time can vary with the difficulty of the problem, cooperation of the patient, and individual response to the orthodontic treatment. Lack of facial growth, poor cooperation with elastics or appliances wear, poor oral hygiene, broken appliances or missed appointments are all important factors which could lengthen treatment time and affect the quality of the results.

The normal treatment time with braces is about 24 to 30 months. However, this can vary considerably in some cases. This time period does not include “Phase 1” treatment or the “Orthodontic Phase” (where the orthodontic appliances are utilized while some of the primary or “baby teeth” are still present)

## **10. DISCONTINUANCE OF THE TREATMENT**

Treatment will be discontinued due to lack of patient cooperation, including poor oral hygiene, broken appointments, lack of wear time of appliance or elastics and incases where, to continue the treatment, would unfavorably influence the dental health of the patient. Prior to the discontinuance of treatment, the patient or parent will be thoroughly informed of the reasons and hopefully will agree.

## **11. RELAPSE**

Relapse has been described as a movement or shifting of the teeth back to their original position after the braces have been removed. It is probable that all patients may experience at least some movement of the teeth once the braces have removed. In the late teens or early twenties, some patients may notice slight crowding of the lower front teeth. This is particularly evident if their teeth were extremely crowded prior to treatment. This minor relapse can occur even with good cooperation throughout the active and retention phases of treatment.

The problem of late crowding of the lower teeth occurs in many people with or without orthodontic treatment. Some reasons for crowding include the eruption of the wisdom teeth, the growth pattern of the jaws, or the muscle balance of the lips and tongue. Muscle balance plays an important role in the stability of the case. There must be a balance of the muscles of the lips and cheeks outside and the tongue inside.

Muscle instability can occur with patients with allergies involving swollen adenoids and tonsils who must therefore breathe through their mouths. If the patient has a persistent tongue thrust swallowing habit, there will be a greater chance of relapse. Habits such as nail biting, thumb sucking, tongue thrusting, and mouth breathing can cause teeth to become crowded.

To minimize relapse, it is important to eliminate habits as well as wear the retaining devices as directed. Failure to wear retainers may result in undesirable tooth movement for which we cannot assume responsibility. It is important for patients to keep their appointments during the retention stage and to wear their retainers at all times, except while engaged in contacts sports or cleaning the appliance.

## **12. OUR TRRTAMENT GOAL – THE BEST TREATMENT POSSIBLE**

Our treatment objective is to always obtain the best treatment results possible. However, orthodontic treatment is not a perfect science. In fact, it is important to consider that despite addressing problems of growth and development, genetics stress, and patient cooperation, achieving an optimal result is not always humanly possible. No guarantees can be given as to the orthodontic procedure's final results, as the retention and results depend too much upon patient cooperation and other factors beyond the dentist's control.

## **13. PROPOSED TREATMENT PLAN**

### **a) Active Treatment Plan**

Phase 1

Phase 2

Phase3

Phase 4

**b) Retention Phase**

**Dr. Phuong Nguyen** has thoroughly explained to me the proposed treatment plan, the alternatives of treatment, and the consequences if no treatment is done. I concur that I have been involved in the formation of the proposed treatment plan and that I am in agreement with the plan as described above.

**14. QUALIFICATIONS**

I acknowledge the **Dr. Phuong Nguyen** is not an orthodontist, but rather a general dentist who has taken numerous post graduate courses in orthodontics.

**Dr. Phuong Nguyen** attempts to stay abreast of all the newer techniques in all phases of dentistry including orthodontic, orthopedic and temporomandibular joint procedures, in an effort to provide the best possible treatment to her patients.

**15. PERMISSION TO USE PHOTOGRAPHS & X-RAYS**

I consent to the taking of photographs and x-rays before, during and after orthodontic treatment as they are necessary part of the diagnostics procedure and record keeping. I further give permission for the use of these photographs, x-rays and records to be used for the purpose of research, education or publication in professional journals.

**16. UNDERSTANDING INFORMATION AND INFORMED CONSENT DOCUMENT**

We have attempted to explain some of the many potential problems that could arise as a result of orthodontic treatment. It would be impossible here or anywhere else to mention all the possible problems that could arise with orthodontic treatment or any medical or dental treatment. Treatment of human biologic conditions will never reach a state of perfection despite technological advances. We will make every effort to cooperate with you during your treatment and keep you fully informed as to the progress of orthodontic treatment.

I \_\_\_\_\_ (Patient or Parent) certify that this **Information and Informed Consent Document**, outlining the general treatment considerations and the potential problems of orthodontic treatment, was presented to me and that I have read and understand the contents. I also understand that there could be other potential risks or problems not listed in this documents that could arise. I further understand that, like no other healing arts, the practice of orthodontic treatment is not an exact science and therefore cannot be guaranteed.



17. I \_\_\_\_\_ ( Patient or Parent) hereby acknowledge that I have been informed to my satisfaction of all treatment considerations, including benefits of treatment, risks of treatment, risks of non treatment, and the proposed orthodontic treatment plan and that I now consent to treatment.

**REVIEWED AT FINAL CONSULTATION APPOINTMENT**

\_\_\_\_\_  
Dentist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient or Parent

\_\_\_\_\_  
Date

**SIGNED AT TIME TREATMENT STARTS**

\_\_\_\_\_  
Dentist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient or Parent

\_\_\_\_\_  
Date



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