

INFORMED CONSENT FOR THE ORTHODONTIC PATIENT

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. 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.

Generally, excellent orthodontic results can be achieved with informed and cooperative patients. Orthodontic treatment is a team, effort. Your chances of obtaining optimum results will increase if you follow the advice and recommendations of your orthodontists. Orthodontic treatment, like treatment of any part of the body, has some inherent risks and limitations. You should consider the commonly known complications summarized below before deciding to undergo treatment. Be sure your orthodontist answers all of your questions to your satisfaction before you consent to orthodontic treatment. This form is for your benefit, so please read it carefully before signing it.

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:

Root Resorption - In a very few cases the ends of the roots of teeth are shortened during the treatment. In the event of subsequent gum disease this root-end resorption could reduce the longevity of affected teeth. Under healthy circumstances, the shortened roots are of no disadvantage.

Return of the original problem - Many problems tend to return by a factor of 10% or so. Very severe problems will have a greater tendency to rebound. We will make our correction to the highest standards, and hold the result carefully. When the retention is discontinued, some return of the original problem is expected. Careful cooperation during the retention period will keep this rebound to a minimum.

Decalcification, decay or gum disease - These problems may occur if oral hygiene is not excellent. Also essential is proper dietary control, with special attention to minimizing the amount and frequency of sugar in the diet. Adults must be particularly conscientious with daily flossing. It is extremely important that the patient visit the dentist at least once each six months; we recommend that most patients see the dentist every four months.

Treatment Completion - The total time required to complete treatment may exceed the estimate. Excessive or deficient bone growth, poor cooperation in wearing the appliance or elastics 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.

Late Growth Changes - Can upset the most careful treatment plan. A person who has grown in an average proportion may not continue to do so. If growth becomes disproportionate, the jaw relationship can be seriously affected, and original treatment objectives may not be met.

TMJ Pain - Some patients are very sensitive to even a slight discrepancy in their bite. These patients may suffer from noise or pain in the jaw joint (near the ear). This may occur during or after orthodontic treatment. It also happens in patients who have never had orthodontic treatment. Let us know if you suspect the problem so we can deal with it.

Devitalization - It is possible for the nerve of a tooth to die during orthodontic treatment, especially if it was previously injured, bumped, or impacted. Sometimes such injuries are unknown to the patient or parents. Such previous injuries can not be detected by the doctor. Root canal treatment may be recommended if you have such a problem. Extraction is usually not necessary.

Patient or parent's initials _____

Injury from Headgear - Headgear instruction must be carefully followed. A headgear that is pulled away from the teeth while the elastic force is attached could snap back into the face or eyes. Be sure to release the elastic force before removing the headgear from the teeth.

Inflammation of Soft Tissue - Brackets and wires can sometimes cause irritation to the lips and cheeks. These soft tissue problems usually heal quickly. If severe inflammation occurs contact us immediately.

DENTAL CARE: You will be expected to continue to see your family dentist for routine care and check-ups.

Some patients have developed allergic reactions to some of the dental materials used (latex or nickel). If hives or swelling are occurring or difficulty breathing, please get immediate medical attention.

Ceramic Brackets - According to a recent survey of the American Association of Orthodontists, there have been some reported incidents of patients experiencing bracket breakage and/or damage to teeth, including attrition, enamel flaking and enamel fracturing. Fractured brackets may result in remnants which might be harmful to the patient.

Ceramic brackets will only be placed on the top front eight teeth and metal brackets will be placed on the lower teeth and upper posterior teeth.

Miscellaneous - 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 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 24-48 hours.) You should inform you orthodontist of any unusual symptoms, or broken or loose appliances, as soon as they are noted.

On rare occasions, when dental instruments are used in the mouth, the patient may inadvertently get scratched, poked or receive a blow to a tooth with potential damage to or soreness of oral structures. Abnormal wear of teeth structures is also possible if the patient grinds the teeth excessively.

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. 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.

Under the doctor's supervision, an orthodontic assistant will assist the doctor and perform certain procedures within the scope of their training.

General health problems such as bone, blood or endocrine disorders, and many prescription and non-prescription drugs (including bisphosphonates) can affect orthodontic treatment. You should keep your orthodontist informed of any changes in your health and medications.

Success of Treatment - We intend to do everything possible to provide the best result in every case and it is our opinion that the treatment will be beneficial. However, we can not guarantee that the proposed treatment will be successful to your complete satisfaction. Due to individual patient differences there exists a possibility of partial failure or relapse. Selective retreatment may be necessary despite the best of care.

Additional Treatment - Unforeseen circumstances (growth changes, gum disease) may cause us to recommend a form of treatment not previously discussed. If this occurs we will carefully explain the reasons BN for a change in the treatment plan and any extra fee before proceeding.

Mouth Guards - The consistent use of a mouth guard is recommended when playing sports such as soccer, football, basketball, volleyball and baseball. A mouth guard is also suggested when the patient is engaged in any other activity where a fall or blow to the mouth might occur.

Patient or parent's initials _____

Appointments - Your scheduled appointments at our office are necessary for management to be successful. Cancellations are discouraged because of the possible problems in the success of treatment and significantly lengthen your treatment time.

Financial Statements - There is no finance charge related to this professional fee with our office payment plan if full monthly payments are received by the 15th day of each month. Payments received after the 25th of the month are considered delinquent unless special arrangements have been made.

Patient Cooperation - Compliance in elastic wear, maintaining good oral hygiene, proper care of appliances, keeping scheduled appointments, eliminating foods and eating habits that can break or distort appliances, reporting broken, lost or stolen appliances promptly are all important if we are to reach an excellent result in a reasonable length of time. We reserve the right to discontinue treatment if instructions are not followed.

Treatment Information - Information regarding patient treatment will be available to any person who is financially and/or legally responsible for the patient. Treatment may be discussed with persons who bring patients to appointments.

Notes: _____

TREATMENT PERMISSION

I HAVE READ AND UNDERSTAND THE ABOVE AND HAVE HAD AN OPPORTUNITY TO DISCUSS THE ABOVE INFORMATION WITH JANICE J. WILMOT, D.M.D., M.S., P.C. ALL QUESTIONS HAVE BEEN ANSWERED SO FAR TO MY SATISFACTION. I AUTHORIZE JANICE J. WILMOT, D.M.D., M.S., P.C. TO PERFORM THE NECESSARY ORTHODONTIC TREATMENT FOR _____

Signature _____ Relationship _____ Date _____

Witness _____ Witness _____

I have watched the AAO "Informed Consent for the Orthodontic Patient" DVD
Patient's initials _____ Parent's Initials _____

I have declined watching the AAO "Informed Consent for the Orthodontic Patient" DVD
Patient's initials _____ Parent's Initials _____

RECORDS RELEASE PERMISSION

I give Dr. Wilmot permission to use any of the diagnostic material, (photographs, models, x-ray, etc.) gathered from her examination and/or treatment of (patient) _____ in any form she may wish for the purposes of scientific education, teaching, and/or publications purposes.

(Signature of patient or responsible party) Date _____