



INFORMATION CONCERNING YOUR TREATMENT

GENERAL INFORMATION

Every medical or dental procedure carries some degree of risk, and orthodontics is no exception. Fortunately, most of the risks involved with undergoing orthodontic therapy don't even come close to canceling out the tremendous benefits that patients achieve through treatment. Please indicate that you are aware of the following possibilities associated with correcting your bite, straightening your teeth, and providing you with a beautiful smile, by initialing the paragraphs listed below.

CAVITIES AND DECALCIFICATION

Patient's/Parent's Initials _____

Other treatment is often required in conjunction with your orthodontic therapy, such as routine dental checkups and cleanings, fillings, and gum treatments, as required by your dentist. Visits to the orthodontist do not take the place of visits to your general dentist. Insufficient hygiene can lead to decalcification, or white spots, on enamel surfaces of teeth not covered by braces. Cleaning around your braces is very important to maintain a healthy mouth.

PERIODONTAL (GUM) DISEASE

Patient's/Parent's Initials _____

Some patients may experience various degrees of breakdown or loss of bone and/or gums supporting their teeth due to certain bacteria and insufficient hygiene. While some patients are more predisposed to this condition than others, most of the time it results from poor hygiene. If you experience this problem, more frequent visits to your dentist or periodontist may be recommended. On rare occasions, your orthodontic treatment may be interrupted or even discontinued prematurely if this condition cannot be effectively treated or controlled. Your orthodontic care is our responsibility, but your hygiene is yours.

ROOT CANAL AND RESORPTION

Patient's/Parent's Initials _____

On very rare occasions, the life of a tooth may be jeopardized by previous trauma, deep filling, or infection. Sometimes, this is noticed during orthodontic therapy. If this is the case, a root canal may be necessary to save the tooth, a procedure performed by your dentist or endodontist. It is also somewhat common for roots of some teeth to decrease in size during orthodontic treatment. This is often noticed because it is closely monitored during your treatment, and often occurs in patients who never wear braces. Recent research suggests that some people are more predisposed to this than others, although the causes are largely unknown. As long as your teeth and supporting structures are healthy, a small degree of root shrinkage has no adverse effect on your overall dental health. If this condition becomes severe (a rare occurrence), your treatment may be altered or discontinued prematurely.

TMJ DISEASE

Patient's/Parent's Initials _____

Your temporomandibular joint (TMJ) connects your lower jaw to the rest of the structures in your head. Many people have joint sounds upon opening and closing the mouth and this requires no treatment. Painful function, however, may be a sign of an underlying TMJ problem. Research suggests that orthodontic treatment has essentially no causal effect on TMJ disorders. In fact, orthodontic therapy is often recommended for TMJ disorder treatment. If your TMJ becomes symptomatic, please tell us. It is often temporary, but may require additional treatment if it persists.

INJURIES

Patient's/Parent's Initials _____

All orthodontic appliances have the potential to cause injuries if they are worn improperly or abused. If you have allergies, especially to acrylics, latex, or nickel, please alert us before commencing treatment. Braces and appliances are medical devices which require some care and maintenance in order to function properly and prevent adverse effects.

LESS THAN IDEAL RESULTS

Patient's/Parent's Initials _____

Orthodontics, like any branch of medicine, carries no guarantees. Sometimes, despite our best efforts, the results achieved are less than anticipated, although they are almost always a significant improvement. The most common reasons for less than ideal results are the following: the decision by the patient to treat a limited problem as opposed to the entire problem; underlying skeletal, anatomical, or periodontal limitations; delays in beginning treatment; and, most often, poor patient cooperation with treatment instructions, not keeping scheduled appointments, and chronically breaking or losing the appliances prescribed.

RELAPSE

Patient's/Parent's Initials _____

Throughout life, tissues of the body change with the aging process. Jaws and teeth are no different. The retention phase of therapy can minimize the movement of your teeth following active treatment. Teeth can shift for many reasons, including excessive or unanticipated growth, uncorrected habits, or improperly wearing your retainers.

--OVER--

NECESSARY SECONDARY TREATMENT

Patient's/Parent's Initials _____

Other dental treatment may be needed following completion of orthodontic therapy to maintain or improve your result. These procedures can often be predicted prior to commencing orthodontic treatment. You must ensure that these recommended procedures be completed in a timely fashion. Any fees for these procedures by other doctors are separate from the orthodontic fee from this office.

DISCOMFORT

Patient's/Parent's Initials _____

As your teeth move, they may become slightly loose, and this may be uncomfortable. This is usually in the beginning of treatment and patients often get used to this in a short period of time, and once the braces are removed, the teeth tighten up again as the bone around the newly repositioned teeth matures. If you experience pain, call us and let us help. Often this discomfort lasts a couple of days following an adjustment. This is normal, and over-the-counter analgesics may be helpful.

STOPPING THERAPY BEFORE COMPLETION

Patient's/Parent's Initials _____

The orthodontist/patient relationship needs to be respected by both parties. We will use our best efforts and judgment in exercising our skill, knowledge, and expertise to provide you with a quality orthodontic result and experience. We will respect your confidentiality, your time, and your values. In return, we ask for your cooperation with regard to keeping scheduled appointments, being on time, following instructions, and promptly paying for services rendered. We reserve the right to discontinue treatment, even though all treatment objectives may not be met, if problems of this nature persist without adequate resolution on your part.

PATIENT PRIVACY

Patient's/Parent's Initials _____

Like all healthcare providers, orthodontists may need to consult with other healthcare providers concerning your treatment. By initialing, you grant this office your permission to exchange medical and dental information only as it pertains to your treatment. In addition, you also give consent for photos, radiographs, models, and clinically relevant data to be used for advancement of the science of orthodontics.

SUMMARY

Patient's/Parent's Initials _____

My orthodontic treatment has been/will be thoroughly discussed with me. I have had/will have the opportunity to ask questions about my proposed treatment prior to any orthodontic treatment being rendered, and I understand the potential benefits and risks as noted above. I also understand that during treatment, circumstances may arise requiring amendments to the original treatment plan. If this occurs, it may result in adjustments to the cost of treatment. Lastly, I understand that the fee presented to me is only for orthodontic treatment, and if other dental treatment is necessary, other providers will have their own fees for those services.

The information noted above on this form is so you, an informed consumer, can better appreciate that all medical treatment, including orthodontics, carries some small downside risks. Fortunately, these risks are minimal and can usually easily be dealt with should they occur. The tremendous benefits associated with orthodontic therapy far outweigh any potential negative occurrences associated with treatment. We encourage any questions of us before, during, and after treatment so that you become one of our most important assets: a happy and informed orthodontic patient.

Printed name of Patient

Date

Signature of patient (or parent if patient is a minor)

Signature of witness

Printed name of Parent (if patient is a minor)