

Patient Informed Consent and Information Potential Risks and Limitations of Orthodontic Treatment

We appreciate your confidence in selecting our office for your orthodontic treatment. We want you to be fully informed and invite you to inquire about your treatment at any time.

First, I want you to know that I am not an orthodontic specialist. I am a general or pediatric dentist who practices orthodontics, having taken an extensive program in orthodontic treatment.

As a rule, excellent orthodontic results can be achieved with informed and cooperative patients. Thus, the following information is supplied to anyone considering orthodontic treatment in our office. While recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that orthodontic treatment has some risks and limitations. These seldom are enough to contraindicate treatment, but should be considered in making the decision to undergo orthodontic treatment.

- 1. Immaculate oral hygiene is a must during orthodontic treatment. Failure to brush and floss thoroughly every day may result in decalcifications (permanent white markings on teeth), decay or gum disease. Foods containing sugars and between meal snacks should be eliminated.**
- 2. A non-vital ("dead") tooth is a possibility on rare occasions. An undetected non-vital tooth may flare up during orthodontic treatment, necessitating root canal therapy. In some cases, canker sores or allergic reactions are also a possibility.**
- 3. Root resorption can occur in some cases. This is a shortening of the ends of the roots of teeth. Normally, the shortened roots are not a disadvantage. However, should this patient experience gum disease in later years, severely shortened roots may reduce the longevity of the affected teeth. It should be noted that there are other causes of root resorption as well. It can be a result of trauma, cuts, impactions, endocrine disorders or unknown causes.**
- 4. Headgear instructions must be followed carefully for safety, as well as for optimum orthodontic results. A headgear that is pulled outward while the elastic force is attached can snap back and injure the face or eyes. the patient must release the elastic force before removing the headgear from the teeth.**
- 5. Problems with accompanying pain in the Temporo-mandibular joint (TMJ), also called the "jaw joint," are also a possibility. In many cases orthodontic treatment can improve already existing TMJ pain, but not in all cases. Stress and tension are also factors in some TMJ problems.**

6. Occasionally, treatment objectives may have to be compromised. If growth in either of the jaws becomes disproportionate, the jaw relationship can be affected. This skeletal growth disharmony is genetically coded and beyond our control. It may also become necessary to stop orthodontic treatment short of the desired final result if non-compliance with oral hygiene maintenance causes extensive decay. In either case, it will be discussed thoroughly with the patient and/or parent before treatment is discontinued.
7. Teeth have a tendency to relapse toward their original position following active orthodontic treatment. Full cooperation in wearing retainers is necessary to reduce this tendency. When retainer use is discontinued, some relapse is still possible.
8. The total time of treatment may extend beyond our original estimate. Lack of facial growth, poor patient compliance, broken appliances, and missed appointments are all factors which will lengthen the time of treatment.
9. Regular cleanings and check-ups at six month intervals, or more frequently if needed, will still be necessary to maintain the teeth in good health.

I have read and understand this letter of information and hereby give consent to the orthodontic treatment recommended by my dentist.

Patient Name: _____ Date: _____

Signature of patient, parent or guardian: _____

Signature of dentist: _____