



## INFORMED CONSENT

Date: \_\_\_\_\_ for orthodontic treatment of \_\_\_\_\_

*IN THE VAST MAJORITY OF ORTHODONTIC CASES, SIGNIFICANT IMPROVEMENTS CAN BE ACHIEVED. WHILE THE BENEFITS OF A PLEASING SMILE AND HEALTHY TEETH ARE WIDELY APPRECIATED, ORTHODONTIC TREATMENT REMAINS AN ELECTIVE PROCEDURE. IT, LIKE ANY OTHER TREATMENT OF THE BODY, HAS SOME INHERENT RISK AND LIMITATIONS. THESE SELDOM PREVENT TREATMENT, BUT SHOULD BE CONSIDERED IN MAKING THE DECISION TO UNDERGO TREATMENT.*

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### **LACK OF PATIENT COOPERATION - Most common cause for excessive treatment time**

*In my experience, 5-6% of cases have this problem.*

Lack of undesirable growth, insufficient wearing of elastics or retractor (headgear), broken appliances and MISSED APPOINTMENTS are important factors which can lengthen time and adversely affect the quality of treatment results.

### **RETRACTOR (HEADGEAR) - Instructions must be followed carefully**

If pulled out while the elastic force is attached, it can snap back and cause injury.

### **DECALCIFICATION - Permanent tooth discoloration**

*In my experience, less than 5% of teeth in braces have this (patient induced) outcome.*

Excellent oral hygiene, reduction of sugar intake and reporting any loose bands as soon as noticed, will help minimize decay and gum problems.

### **NONVITAL OR DEAD TOOTH - Tooth traumatized by a blow or other causes**

*In my experience less than 1% of teeth moved have this problem.*

A traumatized tooth can die over a long period of time with or without orthodontic treatment. This tooth may flare up during orthodontic movement and require endodontic treatment (root canal).

### **IMPACTED TEETH - Teeth unable to erupt normally**

*In my experience, age of patient and original tooth position are major factors. 90-95% of impacted teeth (except wisdom teeth) have been moved to a correct position.*

In attempting to move impacted teeth, especially cuspids, various problems are sometimes encountered which may lead to loss of the tooth or periodontal problems.

### **ROOT RESORPTION - Shortening of root ends**

*In my experience, clinically significant resorption occurs in less than 3% of teeth moved.*

This can occur with or without orthodontic treatment. Under healthy conditions the shortened roots usually are no problem. Trauma, cuts, impaction, endocrine disorders or idiopathic reasons can also cause this problem.

### **TEMPOROMANDIBULAR JOINTS (TMJ) - Sliding hinge connecting the upper and lower jaws**

*In my experience, orthodontic treatment improves many joint conditions, but it can occasionally aggravate an existing dysfunction.*

Possible problems may exist or occur during orthodontic treatment. Tooth position and bite can be a factor in this condition. An equilibration by your dentist may be recommended after appliances are removed to improve occlusal relationship.

### **GROWTH PATTERNS - Facial growth occurring during or after treatment**

*In my experience, 3-5% of cases exhibit unpredictable growth changes.*

Bad habits, unusual skeletal patterns and insufficient or undesirable growth can compromise the dental results, affect a facial change and cause shifting of teeth during retention. Surgical procedures frequently can be used to counter these problems.

### **POST TREATMENT TOOTH MOVEMENT - Relapse**

*In my experience, most cases have some "rebound" to match the muscle forces of the mouth. In 95% of the patients I've seen, less than 5-10% rebound toward the original problem.*

There is a likelihood that teeth will shift or settle after treatment as well as after retention. Some change may be desirable, but others will not. Rotations and crowding of the lower anterior teeth are the most common examples. Slight spaces in the extraction site or between the upper centrals are other examples.

### **UNUSUAL OCCURRENCES - Swallowing appliances, chipping teeth, dislodging restorations**

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I CONSENT TO THE TAKING OF PHOTOGRAPHS AND X-RAYS BEFORE, DURING AND AFTER TREATMENT, AND TO THE USE OF SAME BY THE DOCTOR IN SCIENTIFIC PAPERS OR DEMONSTRATIONS.

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PATIENT - PARENT - GUARDIAN

I CERTIFY THAT I HAVE READ OR HAD READ TO ME THE CONTENTS OF THIS FORM, I DO REALIZE THE RISKS AND LIMITATION INVOLVED, AND I DO CONSENT TO ORTHODONTIC TREATMENT.

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WITNESS