



# Pediatric Dentistry & Family Orthodontics

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## WE WANT YOU TO KNOW

About Informed Consent For The Orthodontic Treatment Of: \_\_\_\_\_

In the vast majority of orthodontic cases, significant improvements can be achieved. While the benefits of a pleasing smile, face, and healthy dentition are widely appreciated; orthodontic treatment remains an elective procedure. It like any other treatment of the body, has some risk and inherent limitations. These are seldom that serious as to contraindicate orthodontics, but should be considered in making the decision to undergo treatment. You are urged to read the following information, ask us any questions that you have, then (after you are completely satisfied with our explanations) consent to our treating you or your child by signing this form. This is a standard procedure in our office.

**PATIENT COOPERATION:** *The most important factor in completing treatment on time.*

The insufficient wearing of rubber bands, removable appliances, headgear (neckstrap), broken appliances, and missed appointments, prevent our obtaining the desirable jaw growth and tooth movement. These are factors, which can lengthen treatment time and adversely affect the quality of treatment results.

**DECALCIFICATION:** *White or Brown marks on the teeth from calcium loss.*

The avoidance of chewing hard and sticky foods will keep bands and brackets from loosening. Reducing sugar intake and reporting any loose bands as soon as they are noticed will help minimize decay and gum problems. It is important to brush your teeth and gums immediately after eating. This will prevent calcium loss from your teeth, which can leave a white or brown scar on your tooth that can progress to decay.

**NON-VITAL TOOTH:** *Non-living tooth, usually the result of trauma.*

Trauma to a tooth can cause it to die over a period of time with or without orthodontic treatment. Discoloration of the tooth may be noticed. If a tooth's nerve and blood supply has been injured, be sure to contact our office so that we can determine the best way to manage its healing. The tooth may require a root canal if the nerve and blood supply die.

**HEADGEAR (NECKSTRAP):** *Instructions must be followed carefully.*

Safety devices have been developed and are being used, but there is currently no full-proof device if a patient is careless; if a headgear bow is pulled out of a patient's mouth while the elastic force is attached, it can snap back and cause injury.

**ROOT RESORPTION:** *Shortening of the root ends.*

This can occur with or without orthodontic treatment. Under healthy conditions the shortened roots usually are no problem. Injury, impaction, endocrine, or genetic factors can also be responsible. If severe root shortening occurs, adjacent teeth may need to be splinted together to stabilize the shortened rooted teeth.

**IMPACTED TEETH:** *Teeth that fail to erupt properly.*

In attempting to move impacted teeth, especially "eye teeth," various problems are sometimes encountered which may lead to the loss of the tooth or a compromise in the gum or bone attachment to the tooth. The length of time required to move such a tooth can vary considerably. Occasionally, twelve-year molars may be trapped under the crowns of six-year molars, and consequently the removal of third molars may be necessary.

**TEMPORO-MANDIBULAR JOINTS (TMJ):** *Jaw Joints.*

Possible problems may exist prior to or occur during / following orthodontic treatment. Tooth position and bite can be a factor in this condition. Research has shown that sore jaw joints may sometimes be alleviated during ...

CONTINUED ON THE BACK >>>>>

**(TMJ CONTINUED)** ...orthodontic treatment, but orthodontics does NOT cause or cure TMJ problems. Trauma is the most common cause of clicking or locking jaws. If these symptoms should arise, please be sure to alert our office so that we can provide the appropriate care for your problem. The majority of jaw joint problems can be improved through simple measures.

**GROWTH PATTERNS: *Facial growth occurring during or after treatment.***

Uncorrected finger, thumb, tongue or similar pressure habits, unusual hereditary growth patterns, insufficient of undesirable growth or mouth breathing habits, can all influence treatment results, effect facial change and cause shifting of the teeth during or following braces. Surgical procedures can frequently correct these problems. On rare occasions it may be necessary to recommend a change to the original treatment plan.

**RELAPSE: *Movement of the teeth following treatment.***

Settling or shifting of teeth following treatment as well as after retention will most likely occur to varying degrees. Some of these changes may or may not be desirable. Rotations and crowding of lower front teeth are the most common examples. Slight spaces in extraction sights, or between some upper front teeth are other possibilities. To minimize these changes, retainers are to be worn day and night for the first year after active treatment is completed. The retainers should then be worn during sleep throughout adulthood.

**PERIODONTAL PROBLEMS: *Gum inflammation, bleeding, and periodontal disease.***

Proper and regular flossing and brushing can usually prevent swollen, inflamed and bleeding gums. Periodontal disease can be caused by accumulation of plaque and debris around the teeth and gums, but there are several unknown causes that can lead to progressive loss of supporting bone and recession of the gums. Should the condition become uncontrollable, orthodontic treatment may have to be discontinued short of completion. This would be rare, usually in adults with a pre-existing periodontal problem.

**UNUSUAL OCCURANCES:**

Swallowing of an appliance, chipping of a tooth, dislodging of a restoration, a tooth may become fused to the bone and therefore become immovable, an abscess or cyst may occur but these are rare.

**DENTAL CHECK-UPS:**

All necessary dentistry must be completed prior to our starting orthodontic therapy. It is essential that the patient maintain their regular examinations with our office or their family dentist every six months during the treatment period.

**SPECIAL CONSIDERATIONS:** \_\_\_\_\_  
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Again, it is our intent to inform you of the myriad of possibilities that exist as potential problems. Most of these conditions are rare. There may be other inherent risks not mentioned. You should be aware that these things could happen. If any of these conditions should develop, every effort will be made to refer the patient to the appropriate therapist. Treatment of human biological conditions will never reach a state of perfection despite technological advancements. Your treatment depends on a close professional working relationship. Patients should feel free to inquire about any aspect of their treatment. Understanding and cooperation are essential for the results we both seek.

**I consent to the taking of photographs and x-rays before, during, and after treatment, and to the use of the same by the doctor in scientific papers or demonstrations.**

**I certify that I have read or had read to me the contents of this form and do realize the risks and**

\_\_\_\_\_  
Patient OR Parent – Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness