

ORTHODONTICS BY DESIGN, PC

CONSENT FORMS: PHASE I ORTHODONTICS

Patient:

The following information is designed to share with you (the patient and/or parent) some facts about orthodontic treatment. All medical or dental treatment has limitations and it is our responsibility to give you enough information so that you understand the extent of the problem that is being treated, the benefits of treatment, risks of treatment alternatives and consequences if no treatment is done.

Orthodontics is an elective (by choice) procedure. Before beginning treatment you should have an understanding of what to expect and potential risks and problems. After reading the following please ask any questions. When you are completely satisfied with the information and explanations you may sign this "Informed Consent Document" on the last page.

Please feel free to take this document home to look at before consenting to begin treatment. This information is supplied to anyone considering orthodontic treatment as a standard procedure on our office.

Some factors to consider:

1. Patient cooperation – The most important factor in completing treatment on time.

As a rule, excellent orthodontic results can be achieved with informed and cooperative patients. Patient cooperation is one of the most important factors in determining whether treatment is completed on time. One of the keys to successful treatment is the patient, the parents, the dentist and the staff working together.

For the best results the patient must do the following:

- **Keep all of your regularly scheduled appointments.**
 - Each visit we are checking the progress of your treatment and making any necessary adjustments to make sure that safe tooth movement is happening. Unchecked appliances can cause damage to the teeth and surrounding tissues.
 - Be on time for your appointment. Everything has been made ready just for your visit and each patient has a special time to see the dentist.
 - Due to the number of patients wearing appliances not all appointments will be after school. To be as fair as possible we may ask that an after school appointment be alternated with a daytime appointment.
- Practice good oral hygiene, including brushing and flossing.
- Wear orthodontic appliances as directed.
- Store orthodontic appliances in the box when not wearing them.

If these instructions are not followed; the teeth, surrounding tissues and the appliance may be damaged. The quality of treatment results and length of treatment will also be affected. In extreme circumstances it could be necessary to discontinue orthodontic treatment.

2. Your Appliance (s)

Your appliance is a dental device custom made and fit for you. It works only when it is worn as directed. The appliance is actively moving your teeth and has the best results when it is properly adjusted (at your appointment) and kept clean, by you, on a daily basis.

3. Your Teeth and Gums (Cavities and Gingivitis)

Orthodontic appliances move teeth; they do not cause cavities. Food particles and germs (bacteria) on your teeth or gums cause cavities and gingivitis (red or swollen gums). This can happen if brushing and flossing are not done regularly and carefully. The teeth should be brushed after each time you eat and flossed before bed during the time that the appliances are worn for your treatment.

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The avoidance of chewing hard & sticky foods will keep bands and bracelets from loosening. This and the reduction of sugar intake, reporting any loose bands as soon as they are noticed, will help minimize decay and gum problems.

You will still need to see your dentist for your check up and cleaning appointment. A separate appointment is needed to look after your other dental needs. Cavities, chipped teeth, sensitive teeth and cleanings will be taken care of at your normal check-up appointment.

4. Your Growth

Each person has his/her own growth pattern. Your planned treatment is based on a prediction of facial growth. On occasion, the growth will not occur as expected and it may be necessary to recommend a change in the treatment methods or appliances.

Persistent mouth breathing and habits (thumb/finger, tongue) can affect facial growth. Abnormal growth is a biological process and is beyond the control of the dentist. In some instances a referral to a Medical Specialist may be needed.

Some severe growth patterns may require jaw surgery to provide better jaw relationship.

5. Jaw Joint Problems (TMJ)

Some patients experience jaw joint (TMJ or temporomandibular joint) problems prior to, during and after orthodontic treatment. Usually many factors cause this condition. Some of the signs and symptoms of jaw joint (TMJ) dysfunction include headaches, neck aches, earaches, dizziness, fainting, pain around the eyes, clicking jaw, popping noises, inability to open the mouth wide, and in severe cases, pain and locking of the jaw.

Some of the factors thought to be involved with jaw joint problems include tension/stress injury to the face or jaw, muscle spasm, clenching or grinding of the teeth, the bite of the teeth and a large number of other possible reasons. Many people experience these symptoms independent of orthodontic treatment and some people are even referred for orthodontic therapy to correct the conditions. Occasionally, a patient may experience some of the jaw joint symptoms during the movement of the teeth, and these may subside after treatment is completed.

In some cases the treatment appliances are helpful in preventing or treating these problems.

6. Treatment Time

The length of time to complete treatment for Phase 1 appliance is usually one year or less. Following the end of this active stage of treatment it is necessary to hold the corrected positions of the teeth and the jaws for six months to one year. Often the appliances that were used for the active stage of treatment can be modified and used for the holding phase (retention phase).

Patient cooperation is critical to the progression and completion of treatment. Treatment time can be increased dramatically if the patient does not wear and take care of the appliances as directed.

Other instances where treatment may take longer than planned are more complicated problems, individual response to treatment and lack of facial growth.

7. Braces

The use of appliances to improve teeth and jaw positions does not mean that braces will be avoided. Braces are considered a Phase II (Comprehensive) treatment and are often necessary to provide final alignment of the teeth. The investment for Phase II (braces) is not included in the Phase I (appliance) treatment fees.

8. Orthodontic Records

Orthodontic records (x-rays, photographs, and teeth models) are taken before beginning any orthodontic treatment. It is also necessary to take records during and after the treatment to check the progress. There are no additional fees for treatment and post-treatment records. Your permission to use these records for the purposes of research, education and publication is requested as part of this Informed Consent Document.

9. Our Goal – The Best Possible Treatment

Our treatment objective is to always obtain the best results possible. However, orthodontics is not a perfect science and, in dealing with problems of growth and development, genetics, stress and patient cooperation; achieving optimal results is not always possible. No guarantees can be given as to the orthodontic finished result; much depends upon patient cooperation and other factors beyond the dentist's control.

We will make every effort to cooperate with you during your treatment and keep you fully informed as to the progress of the treatment.

12. This Document

This document attempts to provide you with information to help you understand **Phase I** orthodontic treatment with appliances. It would impossible to mention all of the possible problems that could arise during treatment.

13. Qualifications

I, _____ (Patient or Parent) certify that this Informed Consent Document, outlining the general treatment considerations as well as the potential problems or orthodontic treatment, was presented to me and that I have read and understand its contents. I also understand that there could be other potential risks or problems that could arise that are not listed in this document. I further understand that, like other healing arts, the practice or orthodontics is not an exact science, and therefore cannot be guaranteed. Date: _____

I, _____ (Patient or Parent), hereby acknowledge that I have been informed to my satisfaction of the treatment considerations, including the benefits of treatments, risks of treatment, and the proposed orthodontic treatment plan and that I now consent to treatment. Date: _____

This document is reviewed at Final Consultation Appointment and signed at the time treatment starts for **Phase I** orthodontic treatment.

Patient:

DOB: