

**Information and Consent Form for
Orthopedic & Orthodontic Treatment**

Patient's Name

D.O.B.: _____

Dear _____
(Patient or Parent's name)

We ask you to read the following so that we can share with you some facts about Orthopedic/orthodontic treatment, which like any medical or dental treatment includes some limitations. This information is routinely supplied to anyone considering Orthopedic/orthodontic treatment in our practice.

It is the responsibility of me and my staff to provide each patient with information so that the patient has an understanding of the nature and extent of the problem, the nature of the treatment proposed, the benefits of treatment, the risks of treatment, treatment alternatives and possible consequences if no treatment is provided.

Orthodontics is an elective procedure, so it is important that you have an opportunity to read the following information and ask my staff or me any questions. After you are completely satisfied with our explanations, you will be asked to consent to the proposed treatment by signing this document. This is standard procedure in our practice.

The purpose of this document is to inform the patient and/or the parents of what they may expect during orthodontic treatment, and to point out the potential risks or problems that may be encountered before, during or after treatment.

ORTHOPEDIC/ORTHODONTIC TREATMENT

Before starting treatment it is necessary to understand what Orthopedic/orthodontic treatment involves.

Orthopedics/orthodontics is not just about straightening teeth. In order for the teeth to bite together properly the jaws need to be in the correct position, otherwise strain can be placed on the joints and muscles, which may lead to problems later. Crowding of the teeth usually means that there has been under-development of the jaws and this is often associated with a lower jaw that is trapped in a backwards position by a narrow upper jaw. Appliances are designed to expand the upper jaw and this in turn allows the lower jaw to come forward, so that the back teeth meet in the correct position. The aim is to balance the teeth, muscles and the jaw joints so that they function efficiently.

Wearing a brace can take a little while to get used to but, fortunately, the mouth adapts quickly. Progress will only be made if the removable appliances are worn twenty-four hours a day, and removed only for cleaning and contact sports. The appliance will be checked and adjusted every four to six weeks. It takes time to remodel bone and adapt muscle patterns but by following instructions, and with help and support, a lot can be achieved.

Routine dental check-ups and Hygiene visits should still be carried out six monthly during treatment. If the appliance is removable it should be taken out after meals for cleaning. A travel brush can be supplied for this purpose. Sweet, sticky or hard food should be avoided, as should sugary drinks (including fruit juice between meals) and chewing gum.

At the end of treatment with the braces, the upper and lower jaws should be in their correct position. A short second stage of treatment using fixed braces (train tracks) is often required to finally align the teeth. Once the teeth are in the correct position the fixed braces are removed and a removable retainer is worn until bone around the teeth has stabilised. These retainers are made of clear plastic and are worn mostly at night for a minimum period of twenty-four months.

The fees charged are based on the length and complexity of treatment, and the details and options for these will be explained to you.

We are here to help you, but only the patient can make the treatment work by wearing the appliance provided, keeping teeth clean, and attending regularly for appointments. If there is anything you do not understand or are unhappy about please ask us.

1. PATIENT CO-OPERATION

As a rule, excellent orthodontic results can be achieved for co-operative patients. Patient co-operation is one of the most important factors in determining whether treatment is completed on time. The key to successful treatment is a joint effort by the patient, parents, orthodontic practitioner and her staff working together.

To help achieve the most successful results, the patient must

- a) Keep regularly scheduled appointments**
- b) Practice good oral hygiene, including brushing, flossing etc.**
- c) Wear orthodontic appliances as instructed.**
- d) Wear elastics if necessary.**
- e) Eat appropriate foods so as not to dislodge the braces (brackets, bands).**
- f) Wear the retainers after the braces are removed.**

Failure to adhere to instructions can lengthen the treatment time and can adversely affect the treatment results. In extreme circumstances, it could be necessary to discontinue orthodontic treatment, as a result of non-compliance with instructions.

2. CAVITIES, SWOLLEN GUMS AND WHITE SPOTS

Orthodontic appliances do not themselves cause cavities or swollen gums, but their presence allows food particles and dental plaque to be retained and so the potential for such problems is increased. Cavities, swollen gums and white spots (decalcification) can result from lack of brushing and flossing and poor oral hygiene generally. They can be avoided if good oral hygiene procedures are closely followed. The white lines (decalcification) that are sometimes visible around the area of the brackets signal the early stage of a cavity and the need to improve oral hygiene. Sugary foods and between-meal snacks should be eliminated.

If a bracket or band becomes loose, the patient must return to the practice as soon as possible, the risk of a cavity developing will increase. Missed appointments could result in tooth damage due to undetected loose bands.

In addition to regular monthly visits for orthodontic work, we suggest that orthodontic patients see the dentist and hygienist at least twice a year for periodic examination and cleaning.

3. ROOT RESORPTION

Progressive shortening of the roots of certain teeth may occur in some individuals with or without orthodontic treatment. However, it is a side effect, which occurs albeit rarely when fixed appliances or braces are worn. Root shortening (root resorption) can be caused by trauma, injury, excessive forces, impaction of teeth, prolonged treatment and hormonal imbalances. Certain patients seem more predisposed to root resorption than others. No one knows exactly why, nor can one predict for certain when it will occur.

Slight root resorption usually presents no problems for patients who have normal root length and healthy gums and bone. However, if a patient has advanced gum disease, with resultant loss of supporting bone, then root resorption could cause teeth to be lost sooner than they would otherwise be.

4. UNFAVOURABLE GROWTH

In the case of younger patients, the treatment plan will be determined according to the anticipated amount and direction of facial growth. On occasion, the facial growth does not occur as predicted, and it may be necessary to recommend a change in treatment objectives and procedures. Abnormal growth is a biological process and is beyond the dentist's control. Growth patterns can be adversely affected by finger, thumb or tongue habits. Persistent mouth breathing may cause facial growth to occur in a more vertical direction. Our philosophy is to treat asymmetry/growth problems early and non-surgically. Only in extreme cases will we recommend jaw surgery to correct the problem.

5. JAW JOINT (TMJ) PROBLEMS

Some patients experience Temporomandibular Joint (jaw joint) problems prior to, during and after orthodontic treatment. Usually multiple factors cause such problems, which are known as Temporomandibular Joint Dysfunction (TMD). Some of the signs and symptoms of TMD include headaches, neck aches, ear aches, dizziness, fainting, pain around the eyes, clicking jaw, popping noises, inability to open mouth wide, and in severe cases, pain and locking of the jaw.

Many people experience such symptoms independent of orthodontic treatment. Occasionally a patient may experience some of the jaw joint symptoms during the movement of teeth in orthodontic treatment, but hopefully they will subside after treatment is completed.

During your assessment we attempt to determine the seriousness of the TMJ (jaw joint) problem and then try to minimize the signs and symptoms throughout the treatment. In some cases functional Orthopedic appliances such as an expansion appliance, lower jaw advancement appliance (Twin Block, Rick–A-Nator etc), Anterior Sagittal Appliance, etc. are helpful in preventing or treating these problems.

6. ENAMEL REDUCTION

Reshaping the teeth before, during or after treatment may be recommended to provide room for alignment, improved appearance and stability. This reduction of the outer layers of enamel seldom presents a problem with enamel integrity or causes any increase in the number of cavities.

7. TOOTH SIZE DISCREPANCY

If, after orthodontic treatment, minor spacing occurs between two teeth, because of small or abnormal tooth size, bonding (tooth coloured filling material) or porcelain veneers may be suggested to fill in these spaces. This improves the aesthetics and stability of the result.

8. TREATMENT TIME

The treatment time can vary with the difficulty of the problem, the level of co-operation from the patient and each individual's response to the orthodontic treatment. Lack of facial growth, poor co-operation with elastics or appliance wear, poor oral hygiene, broken appliances or missed appointments are all factors which can lengthen treatment time and affect the outcome.

The usual treatment time with braces can vary from 6 – 24 months. This time period does not include "Phase I" treatment or the "Orthopedic Phase" (where the Orthopedic appliances are utilized while some of the primary or "baby teeth" are still present).

9. DISCONTINUANCE OF TREATMENT

Treatment will be discontinued if there is a lack of patient co-operation, including poor oral hygiene, failed appointments, lack of wear time of appliances or elastics and where to continue the treatment would unfavourably affect the dental health of the patient. Prior to the discontinuance of treatment, the patient or parent will be thoroughly informed of the

reasons and hopefully will agree to improve their compliance so making discontinuance unnecessary.

10. RELAPSE

Relapse is a minor movement or shifting of teeth, after the braces have been removed. It is probable that all patients will experience at least some movement of the teeth once braces have been removed. This minor relapse can occur even with good co-operation throughout the active and retention phases of treatment.

In the late teens or early twenties, some patients may notice slight crowding of the lower front teeth. This is particularly evident if their teeth were very crowded prior to treatment.

The problem of late crowding of the lower teeth often occurs with or without orthodontic treatment. Some reasons for crowding include the eruption of wisdom teeth, the growth pattern of the jaws, or the muscle balance of the lips and tongue. Muscle balance plays an important role in the stability of the case. There must be a balance of the muscles of the lips and cheeks outside, and of the tongue inside.

Muscle instability can occur for example in patients with allergies who have swollen adenoids and tonsils, and who must therefore breathe through their mouths. Further, if a patient has a persistent tongue thrust swallowing habit, there will be a greater chance of relapse. Habits such as nail biting, thumb sucking, tongue thrusting and mouth breathing can all cause teeth to become crowded.

To minimize relapse, it is important to eliminate such habits as well as to wear the retaining devices as directed. Failure to wear retainers may result in undesirable tooth movement. It is therefore important for patients to keep their appointments during the retention stage and to wear their retainers as instructed.

11. OUR TREATMENT GOAL – THE BEST TREATMENT POSSIBLE

Orthodontics is not a perfect science and, in dealing with issues such as growth and development, genetics, stress and patient co-operation, achieving an optimal result is not always possible. No guarantees can be given as to the finished orthodontic result, as this depends too much upon factors outside the dentist's control. However our treatment objective is always to obtain the best possible result.

12. PROPOSED TREATMENT PLAN

Please see enclosed separate sheet

The fees for services have been explained to me and are acceptable. I understand that I must pay at each appointment for whatever service(s) has/have been rendered or the amount due as shown on the schedule of payment.

“Dentist Name” has explained to me the proposed treatment plan, the alternatives of treatment and the possible consequences if no treatment is carried out. I have been involved in the formation of the proposed treatment plan and I am in agreement with the plan as described above. I have had an opportunity to ask questions about my condition, the proposed treatment and the available alternatives. I understand that I am able to seek a second opinion on any aspect of my condition or treatment.

13. QUALIFICATIONS

I understand that “Dentist Name” is not a Specialist Orthodontist on the Register of Orthodontists but has completed numerous post-graduate courses in orthodontics over many years.

14. PERMISSION TO USE PHOTOGRAPHS & X-RAYS

I consent to the taking of photographs, video and x-rays before during and after orthodontic treatment, as they are a necessary part of the diagnostic procedure and record keeping. I further give permission for these photographs, video, x-rays and records to be used for the purpose of research, education or publication in professional journals. I understand that I can refuse consent for such use if I so wish

15. UNDERSTANDING INFORMATION & CONSENT DOCUMENT.

This document attempts to explain some of the potential problems that can arise as a result of orthodontic treatment. It would be impossible here or anywhere else to mention every problem that could arise with orthodontic treatment, or any other medical or dental treatment. Treatment of human conditions will never reach a state of absolute perfection despite technological advances. We will make every effort to assist you during your treatment, and to keep you fully informed as to the progress of orthodontic treatment.

I, _____ (Patient or Parent) confirm that this Information and Consent Document, outlining general treatment considerations as well as the potential problems of 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 of orthodontics is not an exact science, and therefore cannot be guaranteed.

16. I, _____ (Patient or Parent), acknowledge that I have been informed to my satisfaction of all treatment considerations, including benefits of treatment, risks of treatment, risks of non-treatment and the proposed treatment plan and that I consent to undergo that treatment.

SIGNED AT TIME TREATMENT STARTS

Dentist

Date

Patient or Parent

Date

For patients aged 13 – 16 years only

I also give my permission for _____

to attend the Practice for dental treatment unaccompanied

Yes No

Signature: _____

Date: _____