

Informed Consent

- I understand that, at the present time, the philosophy of Functional Orthodontics is not considered mainstream by some Specialist Orthodontists.
- I understand that "Dentist Name" is not a Specialist Orthodontist, but has a special interest in Functional Orthodontics and has undertaken appropriate training.
- I confirm that I have received a proposed treatment plan together with a cost estimate.
- Since orthodontics is not an exact science I appreciate that this treatment plan may be open to modification at a later date dependant on progress and the co-operation of the patient.
- I have had explained to me the risks and limitations involved and also the alternative treatment philosophies.
- I understand that retention on a long-term basis may be required.
- I appreciate that a high standard of oral hygiene will be expected throughout treatment together with regular check-ups with a general dental practitioner.
- I give permission for the records to be used for ethical scientific purposes within the profession and am assured that anonymity will be respected at all times.
- I have been told about other treatment options and I understand that I may request a second opinion.
- The proposed treatment has been fully explained to me and I give my informed consent.
- I have read, understood and agree to the proposed plan.

Patients name

Name of Parent or Guardian.....

Signature..... 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: _____