

Informed Consent: Orthodontic Treatment Consent

Excellent orthodontic results can be achieved with informed and cooperative patients. The following information is routinely supplied to anyone considering orthodontic treatment in our office. While recognizing the benefits of a pleasing smile and healthy teeth, you also should be aware that orthodontic treatment, like any treatment of the body, has some inherent risks and limitations. These are seldom enough to contraindicate treatment but should be considered in making the decision to wear orthodontic appliances. Please feel free to ask any questions about this pretreatment consultation.

Decalcification (permanent markings), decay, or gum disease can occur if patients do not brush or floss their teeth properly and thoroughly during the treatment period. Excellent oral hygiene and plaque removal is a must. It is often necessary to have a cleaning and fluoride treatment every three months. Sugars and between-meal snacks should be eliminated.

Teeth have a tendency to rebound to their original positions after orthodontic treatment. This is called relapse. Severe problems have a higher tendency to relapse, and the most common area for relapse is the lower front teeth. After the band removal, retainers are placed to minimize relapse. Full cooperation in wearing these appliances is vital. We will make our corrections to the highest standards, and in many cases overcorrect in order to accommodate rebound tendencies. When retention is discontinued, some relapse is still possible.

In some cases, the root ends of the teeth are shortened during treatment. This is called root resorption. Under healthy circumstances, the shortened roots are no disadvantage. It should be noted that not all root resorption arises from orthodontic treatment.

The total treatment time can be delayed beyond our estimate. Lack of facial growth, poor elastic wear or headgear cooperation, broken appliances, and missed appointments are all factors that could lengthen treatment time and affect the quality of the result.

Successful orthodontic treatment takes cooperation from everyone. We thank you in advance for your cooperation in this matter.

I have read the above and consent to treatment:

Patient/Parent or Guardian's Signature

Date

Staff Signature

Date