Consent for Treatment of Orthodontics

Patient Name __________________________ Date __________________________

In the vast majority of orthodontic cases, significant improvements can be achieved with cooperative patients. Orthodontic treatment is an elective procedure and it, like any other treatment of the body, has certain inherent risks and limitations. It is difficult to predict which patients may encounter problems, but the potential risk and limitations of orthodontic care should be understood before beginning treatment. The information on this form is not meant to alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to treatment.

Patient Cooperation: Lack of patient cooperation is the most common cause for compromised results or lengthened treatment time. Instructions must be carefully followed: Excellent oral hygiene, proper elastic wear, care of appliances, and keeping scheduled appointments are of the utmost importance. If the patient is a child and is not performing his or her responsibilities, it is imperative that parents intervene in order to see to it that their child is following the orthodontist’s directions.

Decalcification, Decay and Periodontal Involvement: Orthodontic appliances provide additional nooks and crannies that are hard to clean. This could increase the risk of tooth decay or white spots on the teeth. It is essential that extra time be devoted to cleaning the teeth, that hard and sticky food be eliminated, and that there be a reasonably low sugar intake in order to minimize this risk. Orthodontic appliances may contribute to puffiness of the gums. Proper care and hygiene procedures ordinarily reduce this inflammation. Loose appliances should be reported as soon as noticed because they definitely could contribute to the conditions mentioned above.

Muscle Habits: Tongue thrusting (abnormal swallowing), finger, thumb, and lip sucking or other habits can cause less desirable results or relapse after braces are removed.

Nonvital or Dead Tooth: A tooth that has been traumatized by a blow or other causes can die over a long period of time with or without orthodontic treatment. A nonvital tooth may flare up during orthodontic movement and require endodontic (root canal) treatment. It is possible that orthodontics could increase this risk.

Root Resorption: A decrease in the size of the tooth’s root can occur with or without orthodontic treatment. Trauma, impaction, movement, and endocrine disorders are some of the causes of resorption. Orthodontic treatment does increase this possibility. Ordinarily, the amount of root shortening that sometimes occurs during orthodontic treatment is not considered of great importance. In instances where severe resorption occurs, the possibility of premature tooth loss is increased.

Impacted Teeth: Problems are sometimes encountered when attempting to move impacted teeth, especially canines and wisdom teeth, which may lead to loss of the tooth, periodontal problems, or relapse.

Temporomandibular joint (TMJ): The TMJ is the hinge on which the lower jaw moves. This is a complex part of the facial structure that can develop areas of concern before, during, or after orthodontic treatment.
treatment for many reasons, not all of which are known. It is possible that realignment of the teeth may affect this joint. An equilibration (selective smoothing or reshaping the tooth) or other special treatment may be recommended to improve occlusal or joint relationship.

**Growth Pattern:** An unusual skeletal pattern and unfavorable growth may compromise final orthodontic results, affect a facial change and cause shifting of the teeth during retention. Surgical assistance is sometimes recommended.

**Post treatment tooth movements:** Teeth have a tendency to return toward their original position, which is called relapse. Rotations and crowding of the lower front teeth, slight spaces in the extraction sites or between the upper front teeth are common examples. Very severe problems have a higher tendency to relapse. Proper retainer wear will help minimize this situation. All parts of the body continue to change throughout life, including teeth. The position of your teeth can change as you age, whether you have had orthodontic treatment or not.

**Ceramic brackets:** There have been some reported incidents of patients experiencing bracket breakage and or damage of teeth, including attrition, enamel flaking or debonding and enamel fracturing. Fractured brackets may result in remnants, which might be harmful to the patient.

**Other unusual occurrences:** Chipping of the teeth, dislodging of restorations and swallowing appliances are possible.

I consent to the taking of photographs and X-rays before, during and after treatment, and to the use of same by the doctors in scientific papers or demonstrations. I certify that I have read or have had read to me the contents of this form and do understand and realize the risks and limitations involved.