

We appreciate the opportunity of providing your orthodontic care. The following information is provided to help us meet your expectations. All forms of medical and dental treatment, including orthodontics, have some risks and limitations. Fortunately, the complications are infrequent, and when they do occur they are usually of minor consequence. Nevertheless, they should be considered when making the decision to undergo orthodontic therapy.

## TREATMENT TIME

Your treatment time is dependent on many factors. The doctors estimated the length of time for your treatment. Treatment results are not always readily predicted, as therapy is dependent upon favorable growth and favorable response. Additional diagnostic records and consultations may be requested by you or us as treatment progresses to make any necessary changes in your care. The total length of treatment time may be longer or shorter than estimated. Lack of bone growth, inadequate patient cooperation, broken appliances, missed appointments and unfavorable responses are factors that can lengthen treatment and affect the quality of the result. We will make every effort to complete your care within a reasonable time. We seek to treat all patients in the optimum time, taking particular care to attend to individual treatment needs. This is only possible if all factors including growth, response, and cooperation are favorable. Patient cooperation includes such aspects as excellent oral hygiene, minimum appliance breakage, keeping regular appointments, and wearing all appliances and auxiliaries as directed.

#### **GENERAL HEALTH PROBLEMS**

Orthodontics is a defined dental specialty limited to enhancing the alignment, movement and appearance of your teeth. Your general dentist will continue to orchestrate and oversee your general dental health and the hygiene of your teeth, gums, tongue and mouth. Screening for conditions including decay, gum disease, and mouth/tongue cancer(s) is something that you can anticipate being conducted by your general dentist during your routinely scheduled visits. Because your general dentist performs an important role in your overall dental health, it is very important to us that you immediately convey any information you may learn during your general dental visits at your next scheduled appointment with our office.

General health problems such as bone, blood or endocrine disorders, and many prescription and non-prescription drugs can affect your orthodontic treatment, including antiinflammatories, bisphosphonates, and medicines that treat osteoporosis and osteopenia. It is imperative that you inform us of any changes in your general health status. It is best to err on the side of providing us with more information than less. What some may think is irrelevant or unrelated to your orthodontic care could mean something very different to us as far as how we continue with your care. That is why we will continue to rely on you to keep us abreast of any changes in your health and medications being used at check-in time for your appointments.

# **ORAL HYGIENE**

Your enamel is hard enough to have braces placed and removed, typically without any serious consequences. However, orthodontic appliances tend to trap food and plaque. Proper care and hygiene are paramount to preventing the development of cavities or permanent markings on the teeth. This kind of enamel damage may occur if proper brushing and flossing is not practiced. Swelling of the gums and loss of the supporting bone can occur if plaque is not removed daily. In addition, it is particularly important to continue regular visits to your family dentist during orthodontic care for thorough cleaning and detection of any developing problems.

#### NON-IDEAL RESULTS

Due to the wide variation in the size and shape of the teeth, missing teeth, etc., achievement of an ideal result (for example, complete closure of a space) may not be possible. Restorative dental treatment, such as esthetic bonding, crowns, or bridges or periodontal therapy, may be indicated. You are encouraged to ask us and your family dentist about adjunctive care.

#### DISCOMFORT

The mouth is very sensitive so you can expect an adjustment period and some discomfort due to the introduction of orthodontic appliances. Nonprescription pain medication can be used during this adjustment period.

#### **OCCLUSAL ADJUSTMENT**

You can expect minimal imperfections in the way your teeth meet following the end of treatment. An occlusal equilibration procedure may be necessary, which is a grinding method used to fine-tune the bite (occlusion). It may also be necessary to remove a small amount of enamel in between the teeth (slenderizing), thereby "flatting" surfaces in order to reduce the possibility of a relapse.

#### RELAPSE

Regular retainer wear is necessary following orthodontic treatment. Completed orthodontic treatment does not guarantee perfectly straight teeth for the rest of your life. Retainers will be required to keep your teeth in their new positions as a result of your orthodontic treatment. You must wear your retainers as instructed or teeth may shift, in addition to other adverse effects. Continued faithful wearing of retainers will reduce the tendency for adverse changes. Adverse changes after time can occur due to natural causes, including habits such as tongue thrusting, mouth breathing, and growth and maturation that continue throughout life. Later in life, most people will see their teeth shift. Minor irregularities, particularly in the lower front teeth, may have to be accepted. Some changes may require additional orthodontic treatment or, in some cases, surgery. Some situations may require a non-removable retainer or other dental appliances made by your family dentist.

# **ROOT SHORTENING**

In some cases the length of the roots of some teeth may be shortened during orthodontic treatment. Usually this is of no consequence, but on occasion it may require curtailing treatment to avoid compromising the longevity of a tooth or teeth. In extreme cases, tooth loss is possible. In the rare instance of tooth/teeth loss, replacement of the missing tooth/teeth would be required by your dentist. Please report excessive looseness of any of your teeth to us.

#### **EXTRACTIONS**

Some patients will require the removal of deciduous (baby) teeth or permanent teeth. There are additional risks associated with the removal of teeth, which you should discuss with your family dentist or oral surgeon prior to the procedure.

# IMPACTED, ANKYLOSED, UNERUPTED TEETH

Teeth may become impacted (trapped below the bone or gums), ankylosed (fused to the bone) or just fail to erupt. Often times, these conditions occur for no apparent reason and generally cannot be anticipated. Treatment of these conditions depends on the particular circumstance and the overall importance of the involved tooth, and may require extraction, surgical exposure, surgical transplantation or prosthetic replacement.

#### **UNFAVORABLE GROWTH**

Occasionally a person may have atypical growth of the jaws. Growth disharmony is a biologic process that cannot always be modified by the orthodontist. Unfavorable growth may require modification of your treatment plan, including removal of some permanent teeth, or in extreme cases a surgical procedure on the jaw. A modified treatment plan may be advised and if accepted may possibly result in an additional orthodontic treatment fee. However, if tooth removal or a surgical procedure is required, the treating doctors outside our practice will charge their usual and customary fees.

#### **ORTHOGNATHIC SURGERY**

There are additional risks associated with this surgery, which you should discuss with your oral and/or maxillofacial surgeon. Please be aware that orthodontic treatment prior to orthognathic surgery often only aligns the teeth within the individual dental arches. Therefore, patients discontinuing orthodontic treatment without completing the planned surgical procedures may have a malocclusion that is worse than when they began treatment!

#### **TOOTH VITALITY**

A tooth that has been previously injured or has a

large filling may require root canal therapy when it is moved by orthodontic appliances. Damage to a tooth nerve will not typically be caused by orthodontic treatment, but a tooth may flare up during the treatment period. In severe cases, the tooth or teeth may be lost. Report any sensitivity to hot, cold, or pressure to us or your family dentist for further investigation.

#### PERIODONTAL DISEASE

Periodontal (gum and bone) disease can develop or worsen during orthodontic treatment due to many factors, but most often due to the lack of adequate oral hygiene. You must have your general dentist, or if indicated, a periodontist monitor your periodontal health during orthodontic treatment every three to six months. If periodontal problems cannot be controlled, orthodontic treatment may have to be discontinued prior to completion.

## **USE OF TOBACCO PRODUCTS**

Smoking or chewing tobacco has been shown to increase the risk of gum disease and interferes with healing after oral surgery. Tobacco users are also more prone to oral cancer, gum recession, and delayed tooth movement during orthodontic treatment. If you use tobacco, you must carefully consider the possibility of a compromised orthodontic result.

#### **INJURY FROM HEADGEAR**

There have been a few reports of injury to the face or eyes in patients wearing headgear. In each reported case the patient was engaging in strenuous horseplay or other competitive activity while wearing the appliance. Please remember to remove the elastic force prior to removing the Headgear from the mouth so it does not spring back. We advise that headgear should not be worn during times of active play or at school.

#### INJURY FROM ORTHODONTIC APPLIANCES

Activities or foods that could damage, loosen or dislodge orthodontic appliances need to be avoided. This can result in orthodontic appliances being inhaled or swallowed by the patient. You should inform our office of any unusual symptoms or of any loose or broken appliances as soon as they are noticed. Damage to the enamel of a tooth or to a restoration, (crown, bonding, veneer, etc.) is possible when orthodontic appliances are removed. This problem may be more likely when esthetic (clear or tooth colored) appliances have been selected. If damage to a tooth or restoration occurs, restoration of the involved tooth/teeth by your dentist may be necessary.

#### ALLERGIES

Occasionally, patients can be allergic to some of the component materials of their orthodontic appliances. This may require a change in treatment plan or discontinuance of treatment prior to completion. Although very uncommon, medical management of dental material allergies may be necessary.

#### **CERAMIC BRACES**

It has been reported that there is a potential for enamel damage with the use of ceramic brackets. Our practice has used ceramic braces for many years without serious complications. In the unlikely event that enamel becomes damaged with the use of ceramic brackets, your general dentist can repair the damaged enamel.

#### **TEETH WITH BONDING**

If you have bonding on your teeth due to previously damaged enamel, we suggest that you plan on having your general dentist replace the bonding at the completion of your orthodontics. It is possible that the bonding may come loose during your orthodontic care or when your braces are removed. Should this occur, kindly contact your general dentist to have the bonding repaired.

#### тмј

Many people develop TMJ (jaw joint problems) during their lifetime. Pain in front of the ear, limitation of jaw movement, or clicking and popping in the jaws would indicate a TMJ problem. Orthodontic treatment can improve dental causes of TMJ, but not in all cases. It is not believed that TMJ pain is created by orthodontic therapy, but the onset of TMJ symptoms could occur while under orthodontic care. If you are developing TMJ symptoms, kindly inform the practice as additional imaging and treatment may be recommended. Treatment by other medial or dental specialists may be needed.

#### **THIRD MOLARS**

As third molars (wisdom teeth) develop, your teeth may change alignment. Your dentist and/ or orthodontist should monitor them in order to determine when and if the third molars need to be removed.

# TEMPORARY ANCHORAGE DEVICES

Your treatment may include the use of a temporary anchorage device(s) (i.e. metal screw or plate attached to the bone). There are specific risks associated with them.

It is possible that the screw(s) could become loose which would require its/their removal and possibly relocation or replacement with a larger screw. The screw and related material may be accidentally swallowed. If the device cannot be stabilized for adequate length of time, an alternate treatment plan may be necessary.

It is possible that the tissue around the device could become inflamed or infected, or the soft tissue could grow over the device, which could also require its removal, surgical excision of the tissue and/or the use of antibiotics or antimicrobial rinses.

It is possible that the screws could break (i.e. upon insertion or removal.) If this occurs, the broken piece may be left in your mouth or may be surgically removed. This may require referral to another dental specialist. When inserting the devices(s), it is possible to damage the root of a tooth, a nerve, or to perforate the maxillary sinus. Usually these problems are not significant, however additional dental or medical treatment may be necessary.

Local anesthetics may be used when these devices are inserted or removed, which also has risks. Please advise the doctor placing the device if you have had any difficulties with dental anesthetics in the past.

If any of the complications mentioned above do occur, a referral may be necessary to your family dentist or another dental or medical specialists for further treatment. Fees for these services are not included in the cost for orthodontic treatment.

#### **ADDITIONAL FEES**

Your orthodontic fee does not include services provided outside of our practice, such as routine dental care, removal of teeth, surgical procedures, and replacement of tooth bonding or specialty care of the gums. If any of the complications mentioned above do occur, a referral may be necessary to your family dentist or another dental or medical specialist for treatment. Fees for these services are not included in the cost for orthodontic treatment.

Also, during treatment patients may request duplicates of their records for either themselves, for their general dentist, or other dental specialists. Our practice is pleased to offer this service to you provided the nominal fee associated with reproduction, postage, and handling is paid when the request is made. Only duplicate records will be provided, as the original records will be retained by the practice. This same arrangement would prevail if it were necessary for you to transfer out of this office for any reason. The prorated fee schedule is clearly described in the financial package presented to you at your consultation.

#### CONCLUSION

We intend to provide careful, attentive care. If you have any questions or would like to discuss any of the above, please don't hesitate to call the office to schedule time for clarification. *We appreciate the opportunity to serve you.* 

#### ACKNOWLEDGMENT

I hereby acknowledge that I have read and fully understand the treatment considerations and risks presented in this form. I also understand that there may be other problems that occur less frequently than those presented, and that actual results may differ from the anticipated results. I also acknowledge that I have discussed this form with the practice and have been given the opportunity to ask any questions. I have been asked to make a choice about my treatment. I hereby consent to the treatment proposed and authorize the practice to provide the treatment. I understand that my treatment fee covers only treatment provided by the practice, and that treatment provided by other dental or medical professionals is not included in the fee for my orthodontic treatment.

# CONSENT TO UNDERGO ORTHODONTIC TREATMENT

I hereby consent to the making of diagnostic records, including x-rays, before, during and following orthodontic treatment. I consent to the practice doctors and staff to provide orthodontic treatment. I fully understand all of the risks associated with the treatment.

# AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

I hereby authorize the practice to provide other health care providers with information regarding the below individual's orthodontic care as deemed appropriate. I understand that once released, the doctors and staff have no responsibility for any further release by the individual receiving this information.

| Name of Patient  |           |  |
|--|-----------|--|
|  |           |  |
| Signature of Patient/Parent/Guardian   | Date      |  |
|  |           |  |
| Signature of Orthodontist  | Date      |  |
| Witness  | Date      |  |
| CONSENT TO USE OF RECO   | RDS       |  |
| I hereby give my permission for the use of<br>orthodontic records, including photographs,<br>made in the process of examinations, treatment,<br>and retention for purposes of professional |           |  |
| consultations, research, education, or principal in professional journals.   |           |  |
|  |           |  |
| Signature of Patient/Parent/Guardian   | Date      |  |
|  |           |  |
| Witness  | Date      |  |
| I have the legal authority to sign this on   | behalf of |  |
|  |           |  |
| Signature of Patient/Parent/Guardian   | Date      |  |
|  |           |  |
| Witness  | Date      |  |
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