

# Orthodontic Patient - INFORMED CONSENT

<u>PATIENT</u>		
<b>Surname</b>		
<b>Other Names</b>		
<b>Date of Birth</b> ( dd / mm / yyyy )	/	/

I confirm that the information above is all correct.  
 and  
 I confirm that, to understand spoken or written English  
 (tick one):

I do NOT need an Interpreter  
 I DO need an Interpreter

My signature on each page confirms I have read and understood it.

Signature \_\_\_\_\_  
 DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 ( dd / mm / yyyy )

<b>Age at Consent Date</b>	(namely: ( dd / mm / yyyy ) ____ / ____ / ____)	
<b>(Clinician completes)</b>	<input type="checkbox"/> Under 16	<input type="checkbox"/> Over 16

**Clinician**  
 (initial & last name) Dr. \_\_\_\_\_

# Risks and Limitations of Orthodontic Treatment

Informed consent indicates your awareness of the negative as well as the positive aspects of orthodontic treatment. In the majority of cases, orthodontic treatment is an elective procedure. This means that one possible option is no treatment at all. Other Treatment Plans, in conjunction with or alternative to orthodontic Treatment Plans may include: extraction of teeth; non-extraction of teeth; prosthetic restoration; or even surgery. Treatment of your teeth, like any other treatment of the body, has inherent risks and limitations. These risks are seldom serious enough to choose no treatment, but they should be considered in making the decision to undergo orthodontic treatment.

## Patient Cooperation and compliance

This is an area where the Patient's behaviour can significantly influence the treatment time and the quality of the result. Such behaviours (and why they are important) are:

- **Oral Health/Oral Hygiene:** All necessary general dentistry must be completed prior to starting orthodontic therapy. While undergoing orthodontic treatment, excellent (not just good) oral hygiene is essential!!! It is important to brush the teeth and gums, and floss after each meal. Also, minimize sugar and fizzy pop consumption while undergoing treatment. Routine visits to your dentist for cleanings and topical fluoride treatments are an important part of maintaining good oral health while in treatment. Poor brushing and flossing while undergoing orthodontic treatment may result in
  1. demineralization of the enamel (decalcification or "white spots");
  2. cavities;
  3. discolored teeth;
  4. gum disease;

Periodontal (gum) disease can be caused by an accumulation of plaque and debris around the teeth and gums, but there are also several unknown causes that can lead to progressive loss of bone and gum tissue around the roots of the teeth

Proper and regular brushing and flossing can usually prevent swollen, painful, bleeding gums.

In some cases, due to lack of adequate tissue thickness the tissue will recede. Should recession occur, the need for selected periodontal procedures such as gum grafting may arise.

- **Frequent breakages:** Braces are fragile and you need to take care to avoid breakages, as it will extend the treatment time.
- **Missed appointments:** Braces need to be adjusted regularly to obtain optimum results within the expected treatment time. Every 6 to 12 weeks is usually sufficient. As we are a busy practice, new appointments, following a missed appointment, could require a further wait of up to 8 weeks.
- **Correct wearing of elastics and/or removable appliances.**

Signature \_\_\_\_\_

- **Routine visits to your dentist for check ups are an important part of maintaining good oral health while in treatment.**
- **Pain or discomfort:** occasionally you might feel irritation from your braces, especially in the beginning of treatment and after adjustments. You will be issued with soft wax to ease mechanical irritation. Occasionally dental pain may occur, which can usually be resolved with a medication such as Paracetamol or Ibuprophen.
- **Mouth guards:** Patients should wear a mouth guard for any sports where it is possible to sustain injury to the mouth or teeth. We can supply a mouth guard designed for Patients wearing braces. Should you desire a custom-fitted mouth guard please discuss this with us. Custom-fitted mouth guards will incur a lab charge.

We will provide written information when braces are first fitted to assist Patients with the care of their braces.

Should any of the above conditions become uncontrollable, orthodontic treatment may need to be discontinued before it has been completed.

### **Potential complications of orthodontic treatment**

- **Non-Vital teeth:** A tooth may die (“become devitalized”) with or without orthodontic treatment. This usually happens to a tooth that has sustained an injury in the past or a tooth that has a deep restoration. This tooth may become infected (abscessed) during orthodontic movement and require root canal treatment. Devitalization is a rare occurrence and is seldom caused by orthodontic treatment.
- **Root Resorption/Root Shortening:** In some cases, during orthodontic treatment the ends of the roots may blunt or become shorter. This is called root resorption. Under healthy circumstances, the shortened roots do not cause a problem for the Patient. However, in cases where gum disease takes place (even later in life) root resorption could reduce the life of the affected teeth. It is known that root resorption can be caused by a number of factors such as impactions, trauma, endocrine disorders or idiopathic (unknown) reasons.
- **Impacted teeth:** Impacted teeth are teeth that are unable to erupt through the gums on their own. The tooth may be impacted due to lack of adequate space, history of trauma or unknown causes. Sometimes it is necessary to surgically expose the impacted tooth or extract the impacted tooth (as with wisdom teeth). If the tooth is surgically exposed for tooth movement, it could become non-vital or ankylosed (stuck to the bone), or suffer root resorption. If a tooth becomes ankylosed, it may require a second surgical procedure to free it or remove it.
- **Ankylosed teeth:** Occasionally a tooth can become fused to the jaw bone and cannot be moved orthodontically. These cases are rare and may require a procedure to free or remove the ankylosed tooth.

Signature \_\_\_\_\_

- **Temporomandibular Disorder (TMD):** Problems may arise in the jaw joints (temporomandibular joints, TMJ) before, during or after orthodontic treatment. Bite correction, splint therapy, tooth alignment or tooth equilibration (selective tooth grinding by your dentist) may be recommended; however, not all TMJ problems are bite related. Should TMJ problems arise that are not bite related we will refer you to the appropriate specialist for evaluation.
- **Disproportionate growth:** Hereditary skeletal growth patterns causing insufficient or undesirable growth of the jaws can affect our ability to achieve and/or maintain the desired results. Disproportionate growth can cause facial changes and the need for additional treatment, including jaw surgery.
- **Habits:** Uncorrected habits such as digit sucking, tongue thrusting or similar pressure habits will influence our results in a negative way.
- **Allergy:** Some Patients may develop a sensitivity to some of the metals that are used in orthodontic appliances, as well to latex material used (gloves and elastics). If the Patient has any known metal sensitivities or other sensitivities or allergies, be sure to inform us prior to fabrication or placement of orthodontic appliances. Please consult with us if you would like more information regarding this topic.
- **Unusual Occurrences:** Swallowing an appliance, chipping a tooth, dislodging a restoration, ankylosed teeth (a tooth that is stuck to the bone), development of an abscess or a dental cyst ,while rare, may occur.

### **After-treatment Retainer wear**

Settling or shifting of teeth after treatment is possible: when your braces are removed we will provide Retainers to maintain the results. There will be an appointment to fit a Retainer, soon after your braces are removed.

Rotations and crowding of the lower front teeth is the most common area for relapse. Recurrent space in extraction sites or space reopening between the top front teeth is also possible. For this reason, it is important for you to carefully follow instructions regarding Retainer wear.

### **Radiographic and photographic records**

Prior to orthodontic treatment, we will usually take an OPG (X-ray) of your mouth. This will enable us to ensure that the dental environment is suitable for orthodontic treatment. Occasionally we also recommend a lateral head radiograph. We will only request that examination when it is justified. We always endeavor to ensure that the radiation dose is minimal. As part of our process for your Treatment Plan we prefer to take digital photos at different stages. We will not do so if you do not consent.

### **Records sharing**

If other services are required to be involved in the orthodontic treatment, we may need to share your records with another party. We will ensure that the information is transferred in a confidential manner which is both safe and secure.

Signature \_\_\_\_\_