

Orthodontic Treatment Consent for Wazio Orthodontics

While a pleasing smile, more balanced face, and healthier bite are widely appreciated, orthodontic treatment is an elective procedure. And like any other treatment of the body, it has inherent risks and limitations. Please read the following information carefully, and ask us any questions you have so that you fully understand these risks. Also understand that we feel the benefits of orthodontic treatment far outweigh the risks.

Cooperation: Patient cooperation is the most important factor in completing treatment on time. Insufficient wearing of elastics, removable appliances, or headgear; broken appliances, missed appointments, and poor oral hygiene prevent the desirable results we all anticipate. Lack of cooperation is the most common cause of excessive treatment time, increased fees, and disappointing results. Soreness and irritation may occur after braces are placed or adjusted.

Decalcification and Cavities: Good oral hygiene is a must during orthodontic treatment. Tooth discoloration and decay can occur if patients eat foods containing excessive sugar and/or if they do not brush their teeth properly. Inadequate cleaning can also cause gum disease, and loose brackets and bands. Although gum problems can occur when not wearing braces, the risk is greater during orthodontic treatment.

Periodontal Problems: Proper brushing and flossing can usually prevent swollen, inflamed and bleeding gums. Periodontal disease is most often caused by the accumulation of plaque and debris around the teeth and gums. However, unknown causes can also lead to progressive loss of supporting bone and gums. This most frequently occurs in patients with a tendency toward gum disease with or without braces. If periodontal problems become uncontrollable, orthodontic treatment may have to be discontinued prior to completion.

Root Resorption: Some patients are prone to tooth roots shortening during orthodontic treatment. Under healthy conditions, shortened roots are no problem. However, combined with significant gum or supporting bone problems, the longevity of the involved teeth may be threatened.

TMJ Problems: Patients with bad bites have a high potential for TMJ (jaw joint) problems, which may become evident during or after orthodontic treatment. TMJ problems may include jaw pain, ear pain, headaches, neckaches, etc. Orthodontic treatment may help remove the dental causes of TMJ problems, but has no effect on non-dental causes. An equilibration of the biting surfaces of the teeth, long-term use of an occlusal splint, or TMJ surgery may be necessary after orthodontic treatment. Remember, the majority of people with TMJ problems have never had orthodontic treatment.

Root Canals: A tooth previously injured by trauma or a large filling can die over a period of time with or without orthodontic treatment, and may result in the tooth darkening. This condition, seldom due to orthodontics alone, may require root canal treatment.

Relapse: Shifting or settling of teeth following treatment and retention often occurs in varying degrees. Some undesirable changes may include rotations, crowding of the lower front teeth, spaces at extraction sites, and spaces between upper front teeth. The eruption of wisdom teeth, previously rotated teeth, mouth breathing, and uncontrolled muscle habits are the most frequent causes. The best way to minimize undesirable changes is to wear retainers every night or a few evenings each week for an indefinite period. Teeth will move if retainers are not worn.

Digit Habits: Continued finger or thumb sucking and incorrect swallowing may extend treatment time. Uncontrolled muscle habits may also cause undesirable tooth shifting following treatment. If significant, retreatment involving an additional fee may be necessary.

Undesirable Jaw Growth: Occasionally, insufficient or excessive jaw growth can limit the desired results. On rare occasions, we may need to recommend a treatment plan change to include extractions or jaw surgery. If substantial undesirable growth changes occur after active treatment, retreatment at an additional fee may be needed.

Impacted Teeth: Various problems may be encountered during attempts to move an impacted tooth, and may lead to periodontal problems or the loss of the tooth. Occasionally, the tooth becomes trapped under another tooth and the extraction of one of the teeth becomes necessary. Rarely, the impacted tooth fails to move even when there is room and it must be extracted, which may require a bridge or implant replacement.

Oral Surgery: Sometimes, tooth removal, Temporary Anchorage Devices (TADs), or oral surgery is necessary in conjunction with orthodontic treatment, especially to correct severe jaw imbalances. Oral surgery presents risks and potential disabilities. Discuss these risks with your oral surgeon and family dentist before deciding to proceed with surgery.

Headgear: If a headgear is pulled out with the elastic force still attached, the metal part may snap back and injure the face, eyes, etc. Safety devices have been developed to prevent this, but injury may still be caused by careless or improper use.

Ceramic Brackets: Ceramic brackets may cause excessive wearing of tooth enamel. Also, ceramic brackets are more brittle than steel and may break. These fractured brackets may be swallowed or inhaled, and since they do not appear on x-rays, are difficult for a physician to locate.

Allergies: Allergies to orthodontic materials may occur during orthodontic treatment. Known allergies can be avoided, but if they are unknown to you, it is impossible to predict any reaction. People who have other allergies are more prone to have allergies to orthodontic materials.

Unusual Occurrences: Unusual occurrences such as swallowing an appliance, bracket, band, or the end of an archwire; dislodging a restoration, enamel damage, or formation of an abscess or a cyst may occur. These occurrences are extremely rare. In some instances, enamel reduction may be necessary.

Treatment Time: The time required to complete treatment may exceed the original time estimate. Most often, treatment is delayed due to poor cooperation, poor oral hygiene, missed appointments, or unusual growth patterns. Occasionally it is in the best interest of the patient to discontinue treatment and place retainers even though treatment has not achieved the desired results.

Necessary Dental Work: All necessary dentistry must be completed prior to starting orthodontic treatment. Also, the patient must maintain regular dental checkups every six months during treatment. Adults must visit their dentist for scaling and cleaning every three to six months during treatment, according to their needs.

It is our intent to inform you of the potential problems that exist during orthodontic treatment. Most of these conditions occur rarely, and other even more rare risks may also exist. You should be aware that these things can happen. If any of these conditions should develop, every effort will be made to refer the patient to the appropriate therapist. Quality treatment depends on a close professional working relationship: Patients should feel free to inquire about any aspect of treatment. Understanding and cooperation are essential for the result we both seek.

I consent to the taking of photographs and x-rays before, during and after treatment, and to the use of the same by the Doctor in scientific paper or demonstrations.

I have read and understand the above, and all questions have been answered to my satisfaction. I authorize the necessary orthodontic treatment.

Patient Name

Responsible Party Signature

Date