

## Informed Consent Form for Orthodontic Treatment

Treatment for: \_\_\_\_\_

In the vast majority of orthodontic cases, significant improvements can be achieved. While the benefits of a pleasing and healthy dentition are widely appreciated, orthodontic treatment remains an elective procedure. Like other treatment, it has some inherent risk and limitations. **These are seldom serious enough to contra-indicate orthodontics but should be considered in making the decision to undergo treatment.** You are therefore urged to read the following information, ask any questions that may come to mind and only when you are completely satisfied with our explanations consent to the treatment for you or your child by signing this form. This is now standard procedure in this practice.

**Patient co-operation** This is the most important factor in completing treatment on time. The insufficient wearing of elastics, removable appliances, headgear or neck-strap, broken appliances and missed appointments prevents obtaining the desirable jaw growth or tooth movement anticipated. These are the factors that can lengthen treatment times and adversely affect the quality of treatment results. Without both parental encouragement and enthusiastic patient co-operation, a good result is unlikely.

**Appointments** The requirements for routine orthodontic visits will involve loss of time from school or work. Before deciding on treatment you will need to make arrangements for regular leave of absence from school or work throughout the full course of treatment. Appointments will occur each month during normal working hours of the practice.

**Decalcification** This is unsightly discolouration of the teeth under the appliances. The avoidance of chewing hard and sticky foods will keep bands and brackets from loosening. This and the reduction of sugar intake, reporting any loose bands as soon as they are noticed, will help to minimise decay and gum problems. It is important to brush your teeth and gums immediately after eating and to use a fluoride mouthwash as advised. If oral hygiene becomes a problem then treatment may need to be terminated before completion.

**Non-vital tooth** A tooth can be injured by trauma or occasionally by a large filling. An injured tooth can die over a period of time with or without orthodontic treatment and this may make the tooth darker. This tooth may flare-up (become abscessed) during orthodontic treatment and would require root canal treatment (provided by your dentist). Such discolouration may be noticed after treatment has started or following appliance removal. Devitalisation is seldom due to orthodontics.

**Headgear** Safety devices have been developed and are being used in this practice but there is currently no foolproof device if a patient is careless. If a face bow is pulled out while the elastic force is attached it can snap back and cause injury to the face and eyes.

**Contact sports** We recommend you wear a mouth guard to play contact sports of any description. We have available specialised mouth guards that we recommend as the most protective. Please ask for advice.

Date of birth: \_\_\_\_\_

**Root resorption** This can occur with or without treatment. Under healthy conditions the shortened roots are usually no problem. Injury, impaction (especially ectopic maxillary canines), nail biting or endocrine disorders can also be responsible for root shortening.

**Extraction** It may be necessary to have certain permanent teeth extracted as part of treatment. This is usually because the jaw is not large enough to hold all the teeth. The space created by removal of teeth will allow the remaining teeth to be straightened. Usually the extractions are carried out by your own dentist but in certain cases you may need to be referred to the local hospital.

**Impacted teeth** Moving impacted teeth, especially canines, may cause problems that lead to loss of the tooth or periodontal problems. The length of time required to move such a tooth can vary considerably. Occasionally twelve-year molars are trapped under the crowns of the six-year molars; consequently the removal of the third molars (wisdom teeth) may prove necessary.

**Temporomandibular joints** The sliding hinge connecting the upper and lower jaw is called the TMJ. Possible problems may exist or occur during or following orthodontic treatment. Tooth position and bite can be a factor in this condition. TMJ problems are not all bite related. Remember that most individuals that have TMJ problems have never had orthodontic treatment. Joint problems occurring during treatment should be reported promptly to the orthodontist.

**Relapse of alignment** Teeth have a tendency to change their positions after treatment. This is usually only a minor change and faithful wearing of retainers should reduce this tendency.

**Periodontal problems** Swollen and bleeding gums can usually be prevented by proper and regular brushing. Periodontal disease can be caused by accumulation of plaque and debris around the teeth and gums but there are several unknown causes that can lead to progressive loss of the supporting bone and recession of the gums. Should the condition become uncontrollable, orthodontic treatment may have to be discontinued short of completion.

**Unfavourable growth** Occasionally the growth of the jaws becomes disproportionate during or after treatment. This can limit our ability to achieve the result we desire. Jaw growth and tooth development are biological processes, which are beyond our control.

**General medical problems** These can affect your orthodontic treatment. Please keep us informed about any changes.

**Custom made devices** Removable braces and retainers are made in MHRA registered laboratories, details of which are posted on the notice board in the waiting room. If you require a "Statement of Manufacture", please enquire at reception.

**Photographs** As part of our routine record taking procedure we take standard intra-oral and extra-oral orthodontic photographs before and after treatment. These form part of the treatment record and will not be published in an identifiable form.

We hope you have found the above information helpful. Please do not hesitate to ask any questions.

I have no questions. Please initial \_\_\_\_\_

**Acknowledgement of informed consent** I hereby acknowledge that the major treatment considerations and potential risks of treatment have been presented to me. I have read and understand this form. I give my permission for the use of orthodontic records, including photographs, for the purpose of professional consultations, research, education and publication in professional journals.

I hereby consent to the afore mentioned patient undergoing orthodontic treatment

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Patient / Parent / Guardian

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Orthodontist/Treatment Coordinator Copy Given Yes/No