

Braces for 6 Months (B46M) Informed Consent

For our patients:

As a rule, excellent orthodontic results can be achieved with informed and cooperative patients. Thus, the following information is routinely supplied to anyone considering orthodontic treatment in our office. While recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that orthodontic treatment, like any treatment of the body, has some inherent risks and limitations. These are seldom enough to contraindicate treatment but should be considered in making the decision to wear orthodontic appliances. Please feel free to ask any questions about these risks and limitations.

Benefits of B46MTreatment:

Orthodontics plays an important role in improving overall oral health. Orthodontics also helps create balance and harmony between the teeth and face for a beautiful, healthy smile. An attractive smile enhances one's self esteem, which may actually improve the quality of life itself. Properly aligned teeth are easier to brush, easier to floss and trap less food for cavities. Properly aligned teeth thereby may decrease the tendency for decay, or the development or diseases of the gum and supporting bone.

Alternative Treatments:

For the vast majority of patients, orthodontic treatment is an elective procedure. One possible alternative to orthodontic treatment is NO treatment at all. You could choose to accept the present oral condition. The specific alternatives to orthodontic treatment of any particular patient depend on the nature of the individual's teeth, supporting structures and appearance. Alternatives could include, but are not limited to:

1. Extraction versus treatment without extractions.
2. Orthodontic surgery versus treatment without orthodontic surgery.
3. Possible prosthetic solutions (bridges, implants, veneers, dentures).
4. Possible compromised approaches.

Orthodontic Treatment Risks:

1. Decalcification: (Permanent enamel markings) Tooth decay, gum disease, and permanent markings (decalcification) on the teeth can occur if orthodontic patients eat foods containing excessive sugar and/or do not brush their teeth and floss daily and properly. These same problems can occur without orthodontic treatment, but the risk is greater when the individual wears braces.

2. Relapse: Teeth have a tendency to rebound to their original position after orthodontic treatment. This is called relapse. Very severe problems have a tendency for relapse and the most common area for relapse is the lower front teeth. After removal of the braces, retainers are placed to minimize relapse. Full cooperation in wearing these appliances is vital. We will make our correction to the highest standards and in some cases overcorrect in order to accommodate the rebound tendencies. When retention is discontinued, some relapse is still possible. Retainers are to be worn full time for 6 months after the braces are removed, and then night time for life. It is sometimes recommended that a fibrotomy be done. This is a procedure which helps reduce relapse by releasing the elastic gum fibers which play a significant role in the relapse.

3. Loss of Tooth Vitality: Sometimes a tooth may have been traumatized by a previous accident or a tooth may have a prior deep filling, both of which cause damage to the nerve of the tooth. Orthodontic tooth movement may in some cases aggravate this condition and a tooth may flare up, resulting in pain. This tooth may heal by itself, or may need root canal treatment.

4. Root Shortening: In some patients the length of the roots may be shortened during orthodontic treatment. Some patients are prone to this happening, while most are not. Usually this does not have any significant consequences, but on occasion it may become a threat to the longevity of the teeth involved. These teeth may feel loose, or at worst may eventually need to be removed.

5. Unfavorable growth: Atypical formation of teeth, or insufficient or abnormal changes in the growth of the jaws may limit our ability to achieve the desired result. If growth becomes disproportionate during or after treatment, or a tooth forms very late, the bite may change, requiring additional treatments, or in some cases, surgery. Growth disharmony and unusual tooth formations are biological processes beyond the practitioner's control. Growth changes that occur after orthodontic treatment may alter the quality of the finished result.

6. Wisdom teeth: Eruption of the third molars typically begins between the ages of 13 - 17. This eruption may pose a threat to the stability of the finished orthodontic case. The practitioner will recommend extractions if the threat of third molar eruption will affect the quality of the finished results.

7. Treatment Time: The total time required to complete orthodontic treatment may exceed the original estimate. Excessive or deficient bone growth, poor patient cooperation in wearing the appliances properly for the required hours per day, poor oral hygiene, broken appliances and missed appointments can all lengthen the treatment time and affect the quality of the end results.

8. Adjunctive Dental Care: Due to the wide variation in the size and shape of teeth, achievement of the most ideal result (for example, the complete closure of excessive space) may require restorative dental treatment (in addition to orthodontic care). The most common types of treatment are cosmetic bonding, crown and bridge restorative dental care and/or periodontal therapy.

9. Appliance Pain: Sometimes orthodontic appliances may accidentally be swallowed or aspirated or may irritate or damage the oral tissues. The gums, cheeks and lips may be scratched or irritated by loose or broken appliances or by traumatic blows to the mouth. Usual tenderness should be expected, and the period of tenderness or sensitivity varies with each patient and the procedure performed. Typical tenderness lasts from 24 - 48 hours. You should inform our office of any unusual symptoms, broken or loose appliances, as soon as they are noted.

10. Perfection is our Goal: In dealing with human beings and problems of growth and development, genetics and patient cooperation, achieving perfection is not always possible. Orthodontics is an art, not an exact science; therefore, a functionally and esthetically adequate result, not 100% perfection, must be acceptable. Your comments in regards to your expectations prior to, or during and after orthodontic treatment will help us understand your concerns. Please inform us regularly of your feelings, concerns and results that do not meet your expectations.

11. Additional costs: We will rebracket up to 2 brackets for no charge. Each additional bracket that needs to be re-bonded to the tooth will cost \$25. Please read over the "Foods not to eat list" given, as this will help guide the patient to minimize the possibility of breaking their brackets off. We will replace a bent wire free of charge once. Any additional wires that need to be replaced because of abuse and failure to pay attention to the dynamics that are happening in the mouth during eating will be charged at a rate of \$75 each. Please, don't chew on your wires. As well, with each orthodontic treatment case, we will provide one set of retainers, consisting of a removable upper and lower retainer, or a combination of a removable and a fixed retainer. Any additional lost retainers will cost \$150. Please do not lose your retainers, as they are important in keeping your newly positioned teeth in their proper spot. If you cannot find your retainer(s) for over 24 hours, please call us immediately to have a new one made.

Let's make every effort to do this right. This takes cooperation from everyone - the doctor, the staff, your family, and most of all, the patient. We thank you in advance for your cooperation in this matter.

I have read and reviewed the above discussion of the potential risks of orthodontic treatment. I read and understand English. If I did not understand any of the risks described, I have discussed my questions with the doctor and have received answers to my satisfaction. I hereby consent to the orthodontic treatment of "Braces for 6 Months" to be carried out on myself.

Name: _____

Signature: _____

Date: _____