



PATIENT'S INFORMED CONSENT AND AGREEMENT
REGARDING ORTHODONTIC TREATMENT

I UNDERSTAND that treatment of dental conditions pertaining to ORTHODONTIC TREATMENT (straightening or repositioning of teeth) includes certain risks and potential unsuccessful results. Even though great care and diligence will be used in treatment, no promises or guarantees for desired results can be made nor expected.

DEVICE DESCRIPTION

Removable orthodontic appliance

These consist of removable plastic and wire braces which are designed to undertake more simple orthodontic corrections. These include simple tooth movement, expansion and habit breakers. They are also used as retaining braces after more involved treatment with fixed braces has been completed.

A specially designed combination of an upper and lower removable brace can be used to functionally stimulate jaw growth.

Fixed orthodontic appliance

These consist of metal or ceramic attachments called brackets and bands, which are fixed to the outside of the teeth with special adhesives. A wire is then tied into the brackets which imparts the necessary force required to biologically align the teeth.

The fixed orthodontic braces allow for full three dimensional control of all the tooth positions in the mouth and are used to correct more severe problems such as complete realignment of the bite, severe crowding of the teeth and other tooth positions which can severely affect facial appearance.

Regular visits at about 6-8 weekly intervals are required in order to reactivate the fixed appliance by either tightening the existing wire or replacing it with a slightly more active one. A course of treatment can take from 15 to 24 months to complete.

A period of retention with removable braces will always follow and is normally monitored for about a year. A fixed retainer, in the form of a wire bonded behind the front teeth, is often used as an alternative to ensure long-term stability of the lower front teeth. Patients are encouraged to continue wearing their retainers on a part-time basis for as long as possible. The following points should be noted.

1. **Complete co-operation of the patient is essential.** Once treatment is begun, each appointment must be attended as scheduled. Each delayed or missed appointment will prolong the time necessary to complete treatment (which can never be precisely determined) and may create problems making it impossible to achieve the desired results.
2. **Instructions must be diligently followed.** There will be instructions given concerning special oral hygiene measures which must be followed. Also, as treatment progresses, certain adjunctive appliances may be necessary. Instructions will be given as to their care and use which must also be followed exactly. Informational and instructional literature will be given. It is the responsibility of the patient to thoroughly study and understand this material.
3. **Decalcification (permanent markings on the teeth), decay, and/or gum disease** can occur if teeth are not brushed properly and thoroughly during the treatment period. Sweets and between meal snacks must be eliminated. If desired results are to be achieved, this is absolutely necessary. Continuing check-ups and dental care from the patient's general dentist during the course of treatment is essential.
4. **Teeth may become non-vital.** This is always a possibility, with or without orthodontic treatment. Trauma from a blow, deep fillings etc, may cause the nerve tissue in a tooth to die. This can happen over a long period of time. Even though this problem may exist, it may be undetectable at the beginning of orthodontic treatment but, through tooth movement, it may exhibit itself. Root canal treatment may then become necessary in order to preserve the tooth or teeth.
5. **Root resorption** is a condition where roots may become shortened during treatment. Under healthy conditions, this is no serious disadvantage. However, if gum disease occurs in later life, the longevity of the teeth could be compromised. Other conditions can cause root resorption such as trauma, cuts, impaction, endocrine disorders, or idiopathic (unknown) reasons.
6. **Temporomandibular Joint (TMJ) dysfunction** can occur before, during or after orthodontic treatment. Many times the TMJ, even though the damage had begun long before the orthodontic treatment, because of the subtle changes in the bite through treatment, symptoms of this damage (such as clicking, popping, crackling, pain, headaches etc), may then become evident. Even though there were no apparent symptoms previously, these may begin to exhibit themselves during treatment. Should such symptoms occur, it may be necessary for the patient to be referred to a TMJ specialist.
7. **Shifting of teeth** might occur after braces are removed. For this reason, retainers are constructed which must be diligently worn for a period of time which will vary between patients. Retainers are made of materials that are subject to breakage no matter how well constructed. Retainers must be handled and used carefully. Repair charges may be made. Instructions will be given concerning these appliances.

I recognise that it is my responsibility to follow instructions completely and seek attention in a timely manner should any unexpected problems occur by informing Fairmilehead Dental Practice immediately. I must explicitly follow any instructions, either written or oral, which have been given to me relating to this orthodontic treatment.

INFORMED CONSENT

I have been given the relevant information, including leaflets, and the opportunity to ask any questions regarding the nature and purpose of orthodontic treatment and have received answers to my satisfaction. I have been given the alternative of seeking care with an orthodontic specialist. I do voluntarily assume any and all possible risks, including risk of substantial harm, if any, which may be associated with any phase of this treatment in the hope of obtaining the desired potential results, which may or may not be achieved. No guarantees or promises have been made to me concerning any results from treatment. The fee(s) for these services have been explained to me and I accept them as satisfactory. By signing this form, I accept all terms and conditions expressed within it and freely give my consent to authorise

Dr _____ and any and all associates necessary in rendering services that he/she deems necessary or advisable for this subject orthodontic treatment.

PATIENT'S NAME (Please print) _____

SIGNATURE OF PATIENT, LEGAL GUARDIAN

OR AUTHORISED REPRESENTATIVE _____

DATE _____

WITNESS TO SIGNATURE _____

DATE _____

