

Informed Consent for the Orthodontic Patient Risks and Limitations of Orthodontic Treatment

Generally, *EXCELLENT ORTHODONTIC RESULTS* can best be achieved with informed patients. You should be aware that orthodontic treatment, like any treatment of the body, has some risks and limitations that we want our patients to know about. Please read, ask questions about and Initial *EVERY* risk and limitation below. The list is not exhaustive, but represents the vast majority of problems that could occur. The doctor has Initialed conditions that already exist or have a high potential for existing. We will monitor these concerns and deal with them should they occur. Therefore, please inform us immediately if you become aware of them.

Tooth decay, gum disease and permanent markings (decalcification) on the teeth can occur if orthodontic patients do not brush their teeth frequently and properly and/or eat foods containing excessive sugar. These same problems also can occur in patients not in braces, but the risk is greater while in braces.	Pt's Initials Dr. Initials if a high risk area!	Sometimes oral surgery or tooth removal is necessary in conjunction with orthodontic treatment, especially to correct severe jaw imbalances. There are extremely rare, life threatening risks and disabilities involved with anesthesia in oral surgery. You must discuss this with your oral surgeon before deciding to proceed with any surgery.	Pt's Initials Dr. Initials if a high risk area!
The health of the bone and gums which support the teeth may be affected by orthodontic tooth movement if a condition already exists, and in some rare cases where a condition doesn't appear to exist. In general, orthodontic treatment lessens the possibility of tooth loss or gum infection due to crooked teeth.	Pt's Initials Teeth have a tendency to change their positions after braces are removed. The change is usually minor and full wearing of the retainers reduces this tendency. Thro out life, the bite can change due to changes in growth development, adversely affecting the result attained.		Pt's Initials Dr. Initials if a high risk area!
Patients with poor bites may have a high potential for Temporo-Mandibular-Joint (TMJ) problems, which may become evident before, during or after orthodontic treatment. These may include joint pain, ear pain and/or headaches. Orthodontic treatment may help to remove the causes of the TMJ Disorder.	Pt's Initials Dr. Initials if a high risk area!	Allergies to medicines and orthodontic materials may occur during orthodontic treatment. If you are aware of these allergies they can be avoided, but if they are unknown to you, it is impossible to predict any adverse reaction. People who are already allergic to certain foods, or who have hay fever, are more prone to allergies to materials.	Pt's Initials Dr. Initials if a high risk area!
If an impacted tooth is evident there may be changes in the health of the bone and gingiva surrounding the impacted tooth. There may be a compromised result due to this condition if the tooth cannot be erupted and the overall treatment time may be extended while trying to erupt the tooth.	Pt's Initials Dr. Initials if a high risk area!	Orthodontic tooth movement may aggravate a pre-existing condition of a tooth that was traumatized by a previous accident or that has large fillings, which may have damaged the nerve of the tooth. In rare instances this may lead to root canal treatment.	Pt's Initials Dr. Initials if a high risk area!
Occasionally, unexpected, or abnormal , changes in the growth of the jaws or shape and size of the teeth may limit our ability to achieve the desired result. If growth becomes disproportionate, the bite may change, requiring additional treatment or, in some cases, oral surgery. Growth disharmony is beyond the orthodontist's control.	Pt's Initials Dr. Initials if a high risk area!	The total time required to complete treatment may exceed our estimate. Excessive or deficient bone growth, poor oral hygiene or poor cooperation in wearing an appliance the required hours per day, broken appliances and missed appointments can lengthen the treatment time, affect the quality of the results.	Pt's Initials Dr. Initials if a high risk area!
Phase-I & Limited Treatment: It is understood that this is the first phase of a two-phased comprehensive orthodontic treatment, which prepares the teeth and jaws for the final, second phase of treatment. Should the final phase not be started at the appropriate time in the future, then the treatment completed may be compromised.	Pt's Initials Dr. Initials if a high risk area!	The initial diagnosis of the case may have to be later revised should we alleviate biological factors that initially mask these problems. The change in treatment may include surgery or just an increase in treatment time. If there are any changes in the treatment plan the doctor will discuss them with you to select the best course of action.	Pt's Initials Dr. Initials if a high risk area!
Sometimes orthodontic appliances may be accidentally swallowed or aspirated, or may irritate or damage the oral tissue. Also, if improperly handled, some headgear may cause injury to the face or eyes. But, if the patient is careful and follows the instructions given, the possibility of such a mishap is very rare.	Pt's Initials Dr. Initials if a high risk area!	OTHER FACTORS: (Limited Tx, Surgical Cases Treated Non-Surgically, Adjunctive Tx, etc.)	Pt's Initials Dr. Initials if a high risk area!
In some patients the length of the roots of the teeth may shorten during orthodontic treatment. Some patients are prone to this happening, some are not. Usually this is of no significant consequence, but on occasion it may become a threat to the longevity of the teeth involved.	Pt's Initials Dr. Initials if a high risk area!	DISCLAIMER: The practice of Orthodontics, like the other healing arts, is not an exact science and. therefore, results can not be guaranteed.	Pt's Initials

I have read, understood, and have had all my questions regarding the risks and limitations of orthodontic treatment answered, as I have indicated by my Initials above. I also understand that should any of the above conditions adversely affect the health of the patient noted below that this practice may terminate or change treatment. I further understand that there may be problems or hazards that are not indicated above. I therefore, consent to the orthodontic treatment of:

Responsible Parent Signature	Date,	Witnessed by
Name of Patient	Relationship to Patient: Pt	: ☐ Patient ☐ Mother ☐ Father