

Discomfort

The mouth is very sensitive so you can expect an adjustment period and some discomfort due to the introduction of orthodontic appliances. Non-prescription pain medication can be used during this adjustment period.

Extractions

Some cases will require the removal of deciduous (baby) teeth or permanent teeth. There are additional risks associated with the removal of teeth which you should discuss with your family dentist or oral surgeon prior to the procedure.

Nonvital Teeth - Usually the Result Of An Injured Tooth

The nerve of an injured tooth can die over a period of time, with or without orthodontic treatment. This tooth may become infected (abscessed) during orthodontic movement and may require root canal treatment. Discoloration of a tooth may be noticed after treatment has started or following appliance removal. Devitalization is seldom due to orthodontics.

Patient or Parent/Guardian Initials

Neckstrap or Headgear Retraction - Instructions Must Be Followed Carefully

Orthodontic headgears can cause injury to the patient. Injuries can include damage to the face or eyes. Patients must remove the elastic force prior to removing the headgear from the mouth so that it does not spring back. Refrain from wearing headgear in situations where there may be a chance that it could be dislodged or pulled off. Sports activities and games should be avoided when wearing orthodontic headgear.

Root Resorption - Shortening of Root Ends

The roots of some patient's teeth become shorter (resorption) during orthodontic treatment. It is not known exactly what causes root resorption, nor is it possible to predict which patients will experience it. However, many patients have retained teeth through-out life with severely shortened roots. If resorption is detected during orthodontic treatment, your orthodontist may recommend a pause in treatment or the removal of the appliances prior to the completion of orthodontic treatment.

Nerve Damage

A tooth that has been traumatized by an accident or deep decay may have experienced damage to the nerve of the tooth. Orthodontic tooth movement may, in some cases, aggravate this condition. In some cases, root canal treatment may be necessary. In severe cases, the tooth or teeth may be lost.

Impacted, Ankylosed, Unerupted Teeth - Teeth Unable to Erupt Normally

Teeth may become impacted (trapped below the bone or gums), ankylosed (fused to the bone) or just fail to erupt. Oftentimes, these conditions occur for no apparent reason and generally cannot be anticipated. Treatment of these conditions depends on the particular circumstance and the overall importance of the involved tooth, and may require extraction, surgical exposure, surgical transplantation or prosthetic replacement. In attempting to move impacted teeth, especially canines, various problems are sometimes encountered that may lead to loss of the tooth, the teeth nearby or periodontal (gum) problems. The length of time required to move such a tooth can vary considerably. Occasionally permanent second molars (twelve-year molars) may be trapped under the crowns of permanent first molars (six-year molars). Consequently, the removal of third molars (wisdom teeth) may be necessary. Sometimes, impacted molars may cause relapse.

Temporomandibular Joints (TMJ) - The Sliding Hinge Connecting The Upper And Lower Jaws

Problems may occur in the jaw joints, i.e., temporomandibular joints (TMJ), causing pain, headaches or ear problems. Many factors can affect the health of the jaw joints, including past trauma (blows to the head or face), arthritis, hereditary tendency to jaw joint problems, excessive tooth grinding or clenching, poorly balanced bite, and many medical conditions. Jaw joint problems may occur with or without orthodontic treatment. Any jaw joint symptoms, including pain, jaw popping or difficulty opening or closing, should be promptly reported to the orthodontist. Treatment by other medical or dental specialists may be necessary.

Growth Patterns - Facial Growth Occurring During Or After Treatment

Uncorrected finger, thumb, tongue or similar pressure habits; unusual hereditary skeletal pattern; and insufficient or undesirable growth can all influence our results, affect facial change and cause shifting of teeth during or following retention. Surgical procedures are sometimes necessary to correct these problems. On rare occasions it may be necessary to recommend a change in our original treatment plan.

Orthognathic Surgery

Some patients have significant skeletal disharmonies which require orthodontic treatment in conjunction with orthognathic (dentofacial) surgery. There are additional risks associated with this surgery which you should discuss with your oral and/or maxillofacial surgeon prior to beginning orthodontic treatment. Please be aware that orthodontic treatment prior to orthognathic surgery often only aligns the teeth within the individual dental arches. Therefore, patients discontinuing orthodontic treatment without completing the planned surgical procedures may have a malocclusion that is worse than when they began treatment!

Periodontal Disease - Gum Inflammation, Bleeding and Periodontal Disease

Periodontal (gum and bone) disease can develop or worsen during orthodontic treatment due to many factors, but most often due to the lack of adequate oral hygiene. You must have your general dentist, or if indicated, a periodontist monitor your periodontal health during orthodontic treatment every three to six months. If periodontal problems cannot be controlled, orthodontic treatment may have to be discontinued prior to completion.

Unusual Occurrences - Injury From Orthodontic Appliances

Activities or foods which could damage, loosen or dislodge orthodontic appliances need to be avoided. This can result in orthodontic appliances being inhaled or swallowed by the patient. You should inform your orthodontist of any unusual symptoms or of any loose or broken appliances as soon as they are noticed. Damage to the enamel of a tooth or to a restoration (crown, bonding, veneer, etc.) is possible when orthodontic appliances are removed. This problem may be more likely when esthetic (clear or tooth colored) appliances have been selected. If damage to a tooth or restoration occurs, restoration of the involved tooth/teeth by your dentist may be necessary.

Patient or Parent/Guardian Initials

Ceramic (Clear) Braces

The newer esthetic clear **ceramic brackets** have been requested by some of our patients. These are made of a ceramic material and offer an alternative to metal brackets. These brackets are nice to look at, however, there is some additional information you should know before deciding to request ceramic braces. Ceramic brackets can be more difficult to work with. Because ceramic braces are not as strong as metal braces, lighter forces must be used to correct alignment and rotations; this may lengthen treatment time or necessitate more frequent appointments. There is a slight but definite risk of tooth enamel fracture upon bracket removal. This is not a problem with metal brackets because they do not require the same force to remove. There is the potential for some discomfort when removing ceramic brackets. This is also due to the greater force necessary for their removal. Ceramic brackets are capable of shattering and could pose a risk from the splinters. Special precautions are taken when removing these brackets. There have been and will continue to be improvements in the brackets, cements and debonding procedures, but it is necessary that you are aware of problems that have been noted with this type of bracket. We have participated in surveys distributed by the manufacturers and have voiced our concerns about currently recommended debonding methods. We are hoping for further improvements in materials and/or techniques.

Occlusal Adjustment

You can expect minimal imperfections in the way your teeth meet following the end of treatment. An occlusal equilibration procedure may be necessary, which is a grinding method used to fine-tune the occlusion. It may also be necessary to remove a small amount of enamel in between the teeth, thereby "flattening" surfaces in order to reduce the possibility of a relapse.

Non-Ideal Results

Due to the wide variation in the size and shape of the teeth, missing teeth, etc., achievement of an ideal result (for example, complete closure of a space) may not be possible. Restorative dental treatment, such as esthetic bonding, crowns or bridges or periodontal therapy, may be indicated. You are encouraged to ask your orthodontist and family dentist about adjunctive care.

Third Molars

As third molars (wisdom teeth) develop, your teeth may change alignment. Your dentist and/or orthodontist should monitor them in order to determine when and if the third molars need to be removed.

Allergies

Occasionally, patients can be allergic to some of the component materials of their orthodontic appliances. This may require a change in treatment plan or discontinuance of treatment prior to completion. Although very uncommon, medical management of dental material allergies may be necessary.

General Health Problems

General health problems such as bone, blood or endocrine disorders, and many prescription and non-prescription drugs can affect your orthodontic treatment. It is imperative that you inform your orthodontist of any changes in your general health status.

Use of Tobacco Products

Smoking or chewing tobacco has been shown to increase the risk of gum disease and interferes with healing after oral surgery. Tobacco users are also more prone to oral cancer, gum recession, and delayed tooth movement during orthodontic treatment. If you use tobacco, you must carefully consider the possibility of a compromised orthodontic result.

Relapse- Movement of Teeth Following Treatment

Completed orthodontic treatment does not guarantee perfectly straight teeth for the rest of your life. Retainers will be required to keep your teeth in their new positions as a result of your orthodontic treatment. You must wear your retainers as instructed or teeth may shift, in addition to other adverse effects. Regular retainer wear is often necessary for several years following orthodontic treatment. However, changes after that time can occur due to natural causes, including habits such as tongue thrusting, mouth breathing, and growth and maturation that continue throughout life. Later in life, most people will see their teeth shift. Minor irregularities, particularly in the lower front teeth, may have to be accepted. Some changes may require additional orthodontic treatment or, in some cases, surgery. Some situations may require non-removable retainers or other dental appliances made by your family dentist.

Dental Check-ups - General Dentist's Name _____

All necessary dentistry must be completed prior to our starting orthodontic therapy. It is essential that the patient maintain his/her regular dental examinations during the orthodontic treatment period on 3-6 month intervals.

Patient or Parent/Guardian Initials _____

If any of the complications mentioned above do occur, a referral may be necessary to your family dentist or another dental or medical specialist for treatment. Fees for these services are not included in the cost for orthodontic treatment.

ACKNOWLEDGEMENT

I hereby acknowledge that I have read and fully understand the treatment considerations and risks presented in this form. I also understand that there may be other problems that occur less frequently than those presented, and that actual results may differ from the anticipated results. I also acknowledge that I have discussed this form with the undersigned orthodontist and have been given the opportunity to ask any questions. I have been asked to make a choice about my treatment. I further understand that, like the other healing arts, the practice of orthodontics is not an exact science and, therefore, results cannot be guaranteed. I hereby consent to the

treatment proposed and authorize the orthodontist indicated below to provide the treatment. I also authorize the orthodontist to provide my health care information to my other health care providers. I understand that my treatment fee covers only treatment provided by the orthodontist, and that treatment provided by other dental or medical professionals is not included in the fee for my orthodontic treatment.

CONSENT TO UNDERGO ORTHODONTIC TREATMENT

I hereby consent to the making of diagnostic records, including x-rays, before, during and following orthodontic treatment, and to the above doctor(s) and, where appropriate, staff providing orthodontic treatment described by the above doctor(s) for the above individual. I fully understand all of the risks associated with the treatment.

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

I hereby authorize the above doctor to provide other health care providers with information regarding the above individual's orthodontic care as deemed appropriate. I understand that once released, the above doctor(s) and staff has (have) no responsibility for any further release by the individual receiving this.

Patient or Parent/Guardian Initials

CONSENT TO USE OF RECORDS

I hereby give my permission for the use of orthodontic records, including photographs, made in the process of examinations, treatment, and retention for purposes of professional consultations, research, education, or publication in professional journals as well as promotional purposes (office promotions, Facebook, Instagram, etc.).

Please circle one Yes No

DOCUMENTATION OF HIPAA RECEIPT

I, , hereby acknowledge that I have received a copy of this practice's Notice of Privacy Practices. I have been given the opportunity to ask questions regarding this notice.

Patient, Parent or Guardian Date

Orthodontist Date

Witness Date

I have the legal authority to sign this on behalf of:

Name of Patient

Relationship to Patient