

Consent for orthodontic treatment

As a rule, excellent orthodontic results can be achieved with informed and cooperative patients. The following information is supplied to anyone considering orthodontic treatment at Chartier Orthodontics, LLC. While recognizing the benefits of healthy teeth and a pleasing smile, 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 when making the decision to undergo orthodontic treatment.

I authorize orthodontic treatment and acknowledge the risks that may include but may not be limited to:

During treatment

- Shortening of the roots (root resorption) may occur; previous trauma to teeth increases this risk.
- Teeth having previous dentistry or trauma may become painful and require root canal therapy or extraction.
- Jaw joint (TMJ) pain or limited opening of the mouth may occur. The orthodontic care provider must be informed if this happens.
- Injury from orthodontic appliances in which injury to the mouth or inappropriate foods may damage or loosen appliances which then may be inhaled, swallowed or irritate the gums, cheeks, lips or tongue.
- Discomfort from placement or adjustment of orthodontic appliances is common and usually lasts 24-48 hours. Unusual symptoms or broken appliances should be reported to your orthodontist.
- Headgear can cause injury to the eyes or face if dislodged by pulling the bow from the teeth. Physical contact should be avoided when wearing this appliance.
- Dental instruments used during treatment may scratch, rub or poke tissue resulting in discomfort.
- Damage to the enamel of a tooth, fillings, bonding or other restorations may occur when appliances are placed or removed. Repair may be necessary by your family dentist.
- Sometimes teeth do not come into the mouth naturally or with conventional orthodontic methods. These teeth (impacted, ankylosed, etc.) must be addressed surgically, which will require the use of other dental professionals.
- If temporary anchorage devices (TADs) are recommended as part of your treatment, additional risks factors will be discussed.
- Some treatment plans require the removal of teeth. Risks associated with extractions should be discussed with the dentist or oral surgeon removing the teeth.

After treatment

- An ideal result may not be possible due to a wide variation in size or shape of the teeth, missing teeth, etc. This may require restorative treatment such as cosmetic bonding, fillings, implants or crown/bridge that will need to be provided by your regular family dentist at an additional cost.
- Growth and development continues during and after treatment in all patients. These changes may affect the ability to achieve the desired orthodontic result and in some cases jaw surgery may also be required. If necessary, continued treatment will involve additional risks and costs.
- Teeth may change their positions after treatment is completed due to natural causes. Prolonged wearing of retainers may be required to minimize this change.

Patient responsibilities

- Tooth decay, gum disease, bone loss and white permanent markings on the teeth may occur especially if proper oral hygiene and regular checkups with your family dentist are not maintained.
- The length of treatment has been estimated by your orthodontic provider. However, the estimated completion dates can vary due to biologic variations and patient cooperation.
- Keeping appointments is critical! Missed appointments or excessive lateness may result in dismissal as a patient requiring orthodontic treatment completed elsewhere or removal of appliances. Spaces can remain where teeth have been removed if treatment is terminated prior to completion.
- General health problems can affect orthodontic treatment. If there are any changes in health status, your orthodontic care provider MUST be informed.

I acknowledge that results of treatment cannot be guaranteed due to unforeseen complications or consequences. Full cooperation with maintaining appointments, avoiding breaking appliances and following instructions is critical.

I certify that I have read and fully understand the above consent statement. In addition, I have been given an opportunity to ask whatever questions I might have regarding the treatment/procedure(s) to be performed and they have been answered to my satisfaction and full understanding. I voluntarily and freely consent to the proposed treatment.

Patient (guardian) signature

Date