

Informed Consent

State law requires health professionals to provide their prospective patients with information regarding the treatment they are considering. Informed consent indicates your awareness of information, which includes the negative, as well as the positive aspects of orthodontic treatment.

In the vast majority of orthodontic cases, significant improvement can be achieved with informed and cooperative patients. While the benefits of a pleasing smile and healthy teeth are considered necessary by most people, orthodontic treatment is normally an elective procedure and it, like many other treatments of the body, has certain inherent risks and limitations. These risks seldom contraindicate treatment, but should be considered before beginning treatment.

You may have my assurance that even though informed consent is a legal requirement; I will endeavor to keep these negative possibilities of orthodontic treatment to a minimum.

PATIENT COOPERATION Lack of cooperation is the most common cause that affects the quality of treatment results. Oral hygiene, proper elastic and headgear wear, care of appliances, and the keeping of regular appointments are the most important factors in eliminating lengthened treatment time and compromised results. Routine visits to your dentist are an important part of orthodontic treatment. If poor patient cooperation and/or poor oral hygiene persist, orthodontists may require the patient to either discontinue treatment or transfer to the care of another orthodontist.

AUXILIARY PERSONNEL Due to the nature of orthodontic treatment much of the appliance adjustment may be performed by well-trained auxiliary personnel.

ADDITIONAL FEES

DECALCIFICATION, TOOTH DECAY AND GUM DISEASE Excellent oral hygiene, elimination of hard sticky foods, and the reduction of sweets will help prevent tooth decay and permanent discoloration of teeth. Reporting loose bands or broken appliances quickly will help minimize decay and gum problems.

NON-VITAL OR DEAD TOOTH A tooth that has been traumatized by a blow or other causes can die over a long period of time with or without orthodontic treatment. This tooth may flare up during treatment and require endodontic treatment (root canal).

ROOT RESORPTION This is the shortening of the root tips and can occur with or without orthodontic treatment. Trauma, impaction, endocrine disorders or idiopathic (unknown) reasons can cause this problem.

TEMPROMANDIBULAR JOINTS (TMJ) In some instances the patient may have problems with the joint of the lower jaw. This may exist before, during and after treatment. Tooth alignment generally can improve TMJ problems, but not in all cases.

GROWTH PATTERN Unusual or undesirable skeletal growth can affect final orthodontic results. Surgical assistance is often recommended in these cases.

POST-TREATMENT TOOTH MOVEMENT (RELAPSE) Teeth have a tendency to return to their original position, which is called relapse. Rotation and crowding of the lower front teeth, slight spacing in extraction sites or between the upper central incisors are the most common examples. Very severe problems have a tendency to relapse. Teeth shift during the lifetime of any individual with or without orthodontic treatment, but proper retainer wear can minimize this problem. Because of the possibility of relapse, the patient should contact the orthodontist for examination whenever a change in tooth structure or alignment is noted by the patient or other dental team member and, in any event at least every two years.

HEADGEAR OR RETRACTOR Instruction should be followed carefully. Headgear that is pulled outward while the elastic force is attached can snap back and cause injury.

IMPACTED TEETH Especially cuspids and third molars (wisdom teeth) can cause problems which may lead to loss of tooth, gum problems or relapse.

BONE LOSS Occasionally tooth movement aggravates bone loss, but this is rare.

PAIN OR DISCOMFORT Usually there is a short period of discomfort following each appointment, which some patients experience more than others.

Should responsible party agree to treatment, responsible party consents to the taking of photographs and x-rays before, during and after treatment, and to the use of same by the orthodontist in scientific papers and demonstrations.

No practitioner of medicine or dentistry can guarantee any result but the orthodontist agrees to use all reasonable efforts to resolve the orthodontic problems of the patient as diagnosed. This form requires the signature of the responsible party, which authorizes orthodontic treatment as well as defining the financial responsibilities and awareness of informed consent by the responsible party.

Alan A. Curtis DDS MS
Orthodontist

The undersigned acknowledges that the undersigned has read the above information, understands same, and consents to the orthodontic treatment for the patient by the orthodontist.

Date _____ Patient _____ Responsible Party _____