

ROBISON

ORTHODONTICS

INFORMED CONSENT FOR THE ORTHODONTIC TREATMENT OF _____

PATIENT NAME

In the vast majority of cases significant improvements can be achieved. While the benefits of a pleasing smile, face and healthy bite are widely appreciated, orthodontic treatment remains an elective procedure. It, like any other treatment of the body, has some inherent risks and limitations. Please read the following information and consent to our treating you or your child.

PATIENT COOPERATION (THE MOST IMPORTANT FACTOR IN COMPLETING TREATMENT ON TIME)

The insufficient wearing of elastics or removable appliances, broken braces or wires, and missed appointments prevent our obtaining desirable bite correction or tooth movement. These are the factors that can lengthen treatment time and adversely affect the quality of treatment results.

DECALCIFICATION (TOOTH DISCOLORATION)

In order to prevent decalcification (white permanent stains on the teeth which can become decay) and gum problems, it is important to brush your teeth and gums immediately after eating and to visit the dental hygienist two to four times per year for cleanings. Please avoid chewing hard and sticky foods to prevent breakage of the braces. If broken wires or appliances are noticed, please notify the office as soon as possible.

NON-VITAL TOOTH (USUALLY THE RESULT OF INJURY TO A TOOTH)

An injured tooth can die over a period of time with or without orthodontic treatment. A tooth like this may become painful or develop problems during or after orthodontic movement and could require root canal treatment. Discoloration of a tooth may be noticed after treatment has started or following appliance removal. Loss of tooth vitality is seldom due to orthodontics, but is possible.

TOOTH ROOT RESORPTION (SHORTENING OF ROOT ENDS)

This can occur with or without orthodontic treatment. Under healthy conditions the shortened roots usually are no problem. Increased age, injury, impaction, endocrine (hormonal) or idiopathic disorders can also be responsible.

IMPACTED TEETH (TEETH UNABLE TO ERUPT NORMALLY)

In attempting to move impacted teeth, especially cuspids, various problems, including ankylosis (teeth becoming "one" with jawbone and immovable), are sometimes encountered which may lead to loss of the tooth or periodontal problems. The length of time required to move such a tooth can vary considerably. Occasionally twelve-year molars may be trapped under crowns of six-year molars, consequently the removal of third molars may prove to be necessary.

TEMPORO-MANDIBULAR JOINTS (TMJ)

Potential problems may be undetected and exist prior to orthodontic treatment. Symptoms may arise during or following orthodontic treatment, which may require specific management and therapy. Common symptoms related to a TMJ condition are: headache, jaw pain, clicking of the joint and may require specific management and therapy. Common symptoms related to a TMJ condition are: headache, jaw pain, clicking of the joint and restriction of opening. These problems can be caused by many factors. Common factors contributing to TMJ problems include: tooth position and bite problems; uncontrolled muscle tension; sprain to jaw, neck, or shoulders, injury; jaw growth imbalance or arthritis. Management of these disorders can take many months to complete. If any of these problems should arise during or after your orthodontic treatment, it will slow progress and additional treatment will probably be required.

GROWTH PATTERNS (FACIAL GROWTH OCCURRING DURING OR AFTER TREATMENT)

Unusual inherited growth patterns, uncorrected finger, tongue or similar pressure habits, insufficient or undesirable growth can all influence our results, affect facial change and cause shifting of teeth during or following retention. Surgical procedures can frequently correct these problems. On rare occasions it may be necessary to recommend a change from our original treatment plan to ideally manage a condition such as this. Severe growth disharmony is a biological process sometimes beyond the orthodontist's control.

PERIODONTAL PROBLEMS (GINGIVITIS, BLEEDING AND PERIODONTAL DISEASE)

Proper and regular flossing and brushing can usually prevent swollen, inflamed and bleeding gums. Periodontal (gum) disease can be caused by accumulation of plaque and debris around the teeth and gums, but there are several unknown causes that can lead to progressive loss of supporting bone and recession of the gums. Should the condition become uncontrollable, orthodontic treatment may have to be discontinued before completion. This would be rare, but can usually be avoided by proper brushing, flossing and dental visits.

HEADGEAR THERAPY

Safety devices are being used with your headgear, but there is currently no fool-proof device if a patient is careless: if a bow-arch is pulled out while the elastic force is attached, it can snap back and cause injury to the teeth, face or eyes.

MOVEMENT OF TEETH FOLLOWING TREATMENT (RELAPSE AND IMPORTANCE OF RETAINER WEAR)

Throughout life tooth position is constantly changing. This is true with all individuals, regardless of whether they have had orthodontic treatment or not. Post-orthodontic patients are subject to the same subtle changes that occur in non-orthodontic patients. In the late teens or early twenties treated orthodontic patients may notice slight irregularities developing in their front teeth. This is particularly true if their teeth were extremely crowded prior to treatment. For these reasons it is recommended that retainers be worn as prescribed (and on a consistent but limited schedule forever.)

UNUSUAL OCCURRENCES

Swallowing or aspiration of an appliance, chipping a tooth, dislodging a filling or crown, an ankylosed tooth, an abscess or cyst may occur but these are rare.

DENTAL CHECK-UPS

All necessary dentistry must be completed prior to our starting orthodontic therapy. It is essential that the patient maintain their examination schedule with their family dentist every six months (or as recommended) during the treatment period. All patients must visit the dentist, hygienist or periodontist for scaling and cleaning every 3-6 months (or as recommended by your dentist) while in braces.

Again, it is our intent to inform you of the many possibilities that exist as potential problems. Most of these conditions occur rarely. There may be other inherent risks not mentioned. You should be aware of these things that can happen. If any of these conditions should develop, every effort will be made to refer you to the appropriate therapist. Treatment of human biological conditions will never reach a state of perfection despite technological advancements. Your treatment depends on a close professional working relationship. Patients should feel free to inquire about any aspect of their treatment. Understanding and cooperation are essential for the results we both seek.

I CONSENT TO THE TAKING OF PHOTOGRAPHS AND X-RAYS BEFORE, DURING AND AFTER TREATMENT, AND TO THE USE OF SAME BY DR. ROBISON IN SCIENTIFIC PAPERS OR DEMONSTRATIONS.

SIGNATURE OF PATIENT OR PARENT/GUARDIAN
IF PATIENT IS A MINOR

DATE

I CERTIFY THAT I HAVE READ OR HAD READ TO ME THE CONTENTS OF THIS FORM AND DO REALIZE THE RISKS AND LIMITATIONS INVOLVED, AND DO CONSENT TO ORTHODONTIC TREATMENT.

PATIENT OR PARENT
INITIAL HERE

I HAVE RECEIVED, REVIEWED, AND UNDERSTAND THE "HIPPA" PATIENT PRIVACY AND RIGHTS POLICY AS DICTATED BY THE FEDERAL GOVERNMENT