

## Consent form

This information has been prepared to explain what to expect during orthodontic treatment and the co-operation expected from the patient. It outlines some of the potential risks and problems that may occur during orthodontic treatment. You should read this information before treatment starts and ask your orthodontist to explain anything you do not understand.

### Diagnosis and treatment planning

#### Records

Before treatment can begin, your orthodontist must determine the nature of the problem and develop a treatment plan. A set of records will be prepared which may include x-rays of the head, jaws and teeth, plaster models and intraoral and facial photographs.

#### Diagnosis, treatment plan and fees

Your orthodontist will then provide a written diagnosis, treatment plan and fee structure. Any significant risks or limitations to your treatment will be outlined. You will have an opportunity to ask any questions. Your written consent will be obtained before any treatment commences.

#### Extraction of teeth

In some cases, the removal of teeth is recommended. This is a highly specialised judgment made on individual case analysis. The extraction of teeth is only recommended when it improves the prospect of successful treatment. If your Treatment Plan letter recommends removal of teeth, this must be completed 7 to 10 days prior to the Bonding (Braces On) appointment. Please call us before you make the appointment to coincide with your dentist appointment.

#### Treatment time

The length of treatment depends on the severity of the problem, the patient's growth and the level of patient co-operation. More severe problems take longer and require more co-operation. Poor co-operation or unfavourable growth may lengthen the treatment time and affect the quality of the treatment result.

#### Patient responsibilities

Successful orthodontic treatment is a team effort between you and your orthodontist. Excellent patient co-operation is essential and normally means:

- Keeping all appointments as scheduled
- Maintaining excellent oral hygiene
- Maintaining a good balanced diet
- Wearing all appliances, elastics, headgear, retainers etc as instructed

- Performing any exercises exactly as prescribed
- Avoiding activities and foods that could damage or dislodge the appliance
- Reporting all problems or broken appliances immediately
- Attending your dentist or school dental therapist regularly during treatment.

Treatment may have to be discontinued if patient co-operation is not adequate. If treatment is discontinued prior to its completion there may be severe adverse effects for the patient.

#### Potential risks and problems

As with all medical and dental treatment, orthodontic treatment has limitations and potential risks. Fortunately complications are infrequent and when they do occur are usually only of minor consequence. Nevertheless, they should be considered when making the decision to undergo orthodontic treatment.

#### Common problems

##### Oral hygiene

Excellent oral hygiene is essential during orthodontic treatment. Braces do not cause tooth decay. However, if you consume a high sugar diet or do not brush your teeth regularly and correctly then permanent white marks (decalcification), decay and gum disease will occur.

##### Injuries from braces

The mouth is very sensitive to changes and the introduction of any appliances means that a period of adjustment must be expected. When first placed, appliances may cause minor irritation to the lips, gums and cheeks. Broken appliances or blow to the mouth may also cause trauma to the lips and cheeks. Post adjustment tenderness is normal and the period of tenderness will vary with each patient and the nature of the adjustment.

##### Tooth movement after treatment (relapse)

It is normal for teeth to move as we age. This natural process is controllable by correctly wearing your retaining appliances. Failure to do so may result in significant unfavourable movement of the teeth. Some patients must wear a retainer permanently.

The most likely teeth to move are the lower front teeth. Gum disease, mouth breathing and harmful oral habits can also cause teeth to move. For these reasons and others beyond the orthodontist's control, it cannot be guaranteed that your teeth will remain in a perfect position for the rest of your life.

### Wisdom teeth

The removal of the third molars (Wisdom teeth) is only necessary if they are impacted or become infected.

### Supplementary dentistry

If your teeth vary in number, size or shape, the achievement of an ideal result may require restorative treatment such as cosmetic bonding, crowns, bridges or implants. The cost of this treatment is additional to the cost of orthodontic treatment. At the end of treatment, there may be some minor imperfections in the way the teeth meet, This is due to irregularities in the shape of certain teeth and uneven wear of the teeth prior to treatment. "Fine tuning" the bite by grinding away minor amounts of enamel which are "high" when you bite, or by removing a slight amount of enamel between the teeth improves the stability of the end result.

### Relatively rare problems

#### Root shortening

Some patients are susceptible to root shortening during orthodontic treatment.

It is difficult to predict who is likely to develop this condition. Changes in root length are monitored by x-rays taken during treatment. Usually the changes in the root length are insignificant. Rarely the resorption may be severe enough to become a threat to the longevity of the tooth.

#### Periodontal problems

The health of the bone and gums supporting the teeth may be affected by orthodontic treatment if gum disease already exists. Excellent oral hygiene is required to prevent the accumulation of bacterial plaque, which will cause gum disease.

#### Jaw joint problems

Temporomandibular joint (TMJ) problems may develop before, during or after orthodontic treatment. These may present as joint pain, headaches or ear problems. Many factors, including stress, contribute to jaw joint problems and some patients are more susceptible than others. All symptoms should be reported to your orthodontist. If this problem persists during orthodontic treatment, additional specialist care may be necessary.

### Very rare problems

#### Ankylosis

In rare instances a tooth will not move because it has become "fused" (ankylosed) to the jaw bone. Such teeth may need to be surgically removed into place, or extracted.

### Tooth vitality

During orthodontic treatment a tooth may show discolouration or loss of vitality. This occurs more commonly in teeth previously damaged by trauma or extensive decay. Such teeth may require root canal treatment and other dental procedures to restore the colour of the tooth.

### Headgear

If incorrectly handled, headgear may cause injury to the face. Horseplay, physical sports and activities are forbidden while wearing headgear.

### Ceramic brackets

If your appliance includes ceramic brackets you should be aware that this material is harder than enamel and opposing teeth may experience excessive wear if they bite on these brackets.

### Broken braces

Dislodged or broken braces can be inhaled or swallowed. Breakages must be reported immediately. As 90% of our patients are school age, broken brackets can be repaired during the morning only as the after school period is extremely busy and sought after.

### Abnormal growth

Patients who have not grown normally and have severe jaw problems may require a combination of orthodontic treatment and jaw surgery. You will be referred to an appropriate specialist if this surgery is necessary. There are additional risks associated with surgery, which should be discussed with the surgeon prior to treatment. If growth becomes disproportionate during orthodontic treatment, treatment may be prolonged and jaw surgery may be required.

### Informed consent & treatment confirmation

I \_\_\_\_\_

have read and understood the contents of the document entitled "Informed Consent for the Orthodontic Patient" and confirm that the proposed treatment has been outlined to my satisfaction and I have been given the opportunity to ask questions and these questions have been answered to my satisfaction.

I consent to

\_\_\_\_\_ having this treatment.

I give permission for the use of photographs and other records for research, education or publication in professional journals.

\_\_\_\_\_  
Signed by patient/parent/guardian

\_\_\_\_\_  
Signed by orthodontist

\_\_\_\_\_  
Date