

INFORMED CONSENT

for the Orthodontic Patient

Risks and Limitations of Orthodontic Treatment

Successful orthodontic treatment is a partnership between the orthodontist and the patient. The doctor and staff are dedicated to achieving the best possible result for each patient. As a general rule, informed and cooperative patients can achieve positive orthodontic results. While recognizing the benefits of a beautiful healthy smile, you should also be aware that, as with all healing arts, orthodontic treatment has limitations and potential risks. These are seldom serious enough to indicate that

you should not have a treatment; however, all patients should seriously consider the option of no orthodontic treatment at all by accepting their present oral condition. Alternatives to orthodontic treatment vary with the individual's specific problem, and prosthetic solutions or limited orthodontic treatment may be considerations. You are encouraged to discuss alternatives with the doctor prior to beginning treatment.

Results of Treatment

Orthodontic treatment usually proceeds as planned, and we intend to do everything possible to achieve the best results for every patient. However, we cannot guarantee that you will be completely satisfied with your results, nor can all complications or consequences be anticipated. The success of treatment depends on your cooperation in keeping appointments, maintaining good oral hygiene, avoiding loose or broken appliances, and following the orthodontist's instructions carefully.

Length of Treatment

The length of treatment depends on a number of issues, including the severity of the problem, the patient's growth and the level of patient cooperation. The actual treatment time is usually close to the estimated treatment time, but treatment may be lengthened if, for example, unanticipated growth occurs, if there are habits affecting the dentofacial structures, if periodontal or other dental problems occur, or if patient cooperation is not adequate. Therefore, changes in the original treatment plan may become necessary. If treatment time is extended beyond the original estimate additional fees may be assessed.

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.

Relapse

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 dentist.

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 dentist or oral surgeon prior to the procedure.

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!

Decalcification and Dental Caries

Excellent oral hygiene is essential during orthodontic treatment as are regular visits to your dentist. Inadequate or improper hygiene could result in cavities, discolored teeth, periodontal disease and/or decalcification. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances. These problems may be aggravated if the patient has not had the benefit of fluoridated water or its substitute, or if the patient often consumes sweetened beverages or foods.

Root Resorption

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 throughout 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. Severe resorption can increase the possibility of premature tooth loss.

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.

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 and can cause bone loss.

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.

Headgears

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.

Temporomandibular (Jaw)

Joint Dysfunction

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.

Impacted, Ankylosed, Unerupted Teeth

may become impacted (trapped below the bone or gums). Ankylosed (fused to the bone) or just fail to erupt. These conditions can occur for no apparent reason and generally cannot be anticipated. Impacted teeth can cause damage to adjacent teeth, as well as tooth loss. 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.

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.

Patient Cooperation

Lack of patient cooperation is the most common cause for compromised results. Instructions must be carefully followed. Oral hygiene, proper elastic wear, care of appliances, headgear wear, and **keeping regular appointments** are situations where problems most often arise. We encourage you to see your dentist every 3 to 6 months during orthodontic treatment for cleanings.

Non Vital or Dead Tooth

A non vital or dead tooth is a possibility. 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. A non vital tooth may flare up during orthodontic movement and require endodontic (root canal) treatment.

Clear Braces

Due to their brittle nature, ceramic brackets have been known to break on occasion. Ceramic braces on the lower teeth may cause wear of the opposing teeth if in contact, or if the patient is a heavy grinder. Enamel can be damaged when braces are removed, but is not **common**.

Growth Pattern

Unusual skeletal pattern and undesirable growth can affect final orthodontic results. Surgical assistance is often recommended in these cases.

Special Circumstances

Unusual Circumstances: Swallowing appliances, chipping teeth, dislodging restorations, ankylosed tooth, abscess or cyst may occur but are rare.

Muscle Relax: When braces are placed the jaw muscles relax, allowing the lower jaw to seat into a correct position. This position may demonstrate a significant misalignment and require extractions and/or surgery to **correct**.

Tooth Size Problems: If the upper and lower teeth sizes do not coordinate, some slenderizing or filing between the teeth or restoration of small teeth may be necessary.

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.

Patient or Parent/Guardian Initials _____

Patient _____

Date _____

Laser Treatment

Lasers are sometimes used to remove excess gum tissue. Should laser treatment be needed results cannot be guaranteed.

General Health Problems

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

Initials _____

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

Temporary Anchorage Devices

Your treatment may include the use of a temporary anchorage device(s) (i.e. metal screw or plate attached to the bone.) There are specific risks associated with them. It is possible that the screw(s) could become loose which would require its/their removal and possibly relocation or replacement with a larger screw. The screw and related material may be accidentally swallowed. If the device cannot be stabilized for an adequate length of time, an alternate treatment plan may be necessary. It is possible that the tissue around the device could become inflamed or infected, or the soft tissue could grow over the device, which could also require its removal, surgical excision of the tissue and/or the use of antibiotics or antimicrobial rinses. It is possible that the screws could break (i.e. upon insertion or removal.) If this occurs, the broken piece may be left in your mouth or may be surgically removed. This may require referral to another dental specialist. When inserting the device(s), it is possible to damage the root of a tooth, a nerve, or to perforate the maxillary sinus. Usually these problems are not significant; however, additional dental or medical treatment may be necessary. Local anesthetic may be used when these devices are inserted or removed, which also has risks. Please advise the doctor placing the device if you have had any difficulties with dental anesthesia in the past. If any of the complications mentioned above do occur, a referral may be necessary to your dentist or another dental or medical specialist for further treatment. Fees for these services are not included in the cost of orthodontic treatment.

Initials _____

Possible Alternatives

For the vast majority of patients, orthodontic treatment is an elective procedure. One possible alternative to orthodontic treatment is no treatment at all. You could choose to accept your present oral condition and decide to live without orthodontic correction or improvement. Alternatives to orthodontic treatment for any particular patient depends on the specific nature of the individual's orthodontic problem, the size, shape and health of the teeth, the physical characteristics of the supporting structure and the patient's aesthetic considerations. Alternatives could include, but not limited to:

1. Extraction versus treatment without extraction;
2. Orthognathic surgery versus treatment without orthognathic surgery;
3. Possible prosthetic solutions; and
4. Possible compromised approaches.

You may wish to discuss possible treatment alternatives or other treatment questions with your orthodontist prior to beginning your orthodontic care.

Two Phase Treatment

This phase of your child's early treatment is completed when the braces and/or appliances are removed, then a resting phase will begin. If retainers are used, they will be worn for only a short period because they can interfere with the eruption of the permanent teeth. Progress x-rays may be taken at regular intervals and are vital for the orthodontist to monitor and guide your child's development. This resting phase may continue over several years.

Once all or most of the baby teeth have come out and all or most of the permanent teeth have come in, another exam and consultation will be scheduled to evaluate if a second phase of treatment will be needed. At this time we will discuss a new treatment plan and fees for any future treatment. I understand that this is a two-phase treatment.

Initials _____

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 doctor and have been given the opportunity to ask any questions. I have been asked to make a choice about my treatment. I hereby consent to the treatment proposed and authorize the dentist indicted below to provide the treatment. I also authorize the dentist 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.

Transferring From Our Office

In the event you transfer out of our office or discontinue treatment, the amount of treatment rendered will be determined, and depending on your individual case, a refund to you or a final payment to us will be made based on a prorated amount.

Invisalign: the case fee will be recalculated based on pretreatment laboratory and set-up expenses along with the length of time in treatment. The minimum earned by and due to the doctor be \$

I understand that any amounts paid by me in the form of down payments and monthly payments will be credited towards this minimum fee earned.

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 information.

Notes:

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 consul rations, research, education, or publication in professional journals.

Signature of Patient/Parent/Guardian Date

Signature of Doctor Date

Witness Date

I have Legal authority to sign this on behalf of:

Name of Patient Relationship to Patient

INFORMED CONSENT AND TREATMENT CONFIRMATION

I certify that the Orthodontic Patient Information Form outlining general considerations and potential problems and hazards of orthodontic treatment was presented to me, and I have read and understood its contents. I have had an opportunity to discuss it with Drs. Rafie/ Khansari to clarify any areas I did not understand. I authorize Dr. Rafie/ Khansari to provide orthodontic treatment for

_____.

The prescribed treatment was explained to me on _____. I further understand that, like the other healing arts, the practice is not an exact science, therefore results cannot be guaranteed.

Signed: _____ Date: _____

Parent or Guardian: _____ Date: _____

I also give my permission that any records made during the process of examination, treatment, and retention may be used for the purposes of research, education, or publication in professional media.

Signed: _____ Date: _____

Doctor: _____ Date: _____

ORTHODONTIC HYGIENE CONSENT

Congratulations on your recent decision to improve your oral health by initiating orthodontic treatment!

At Smile Designers, Drs. Khansari and Rafie believe your oral health and well-being is imperative for living a healthy lifestyle. Orthodontic treatment plays a large role in dental hygiene. Excellent oral hygiene is essential during orthodontic treatment as are regular visits for routine cleanings and check ups. Inadequate or improper hygiene could result in cavities, discolored teeth, periodontal disease and/or decalcification. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances. During your orthodontic treatment, we are asking for your cooperation in maintaining regular cleaning appointments on a 3 month or 6 month recall.

Our office can provide cleanings and exams during your scheduled orthodontic visits or if you choose, you may seek cleanings from your regular dentist or dental hygienist.

I, _____ agree to maintain a 3 or 6 month cleaning appointment dependant upon recommendations by either Drs.Khansari or Rafie.

PATIENT SIGNATURE: _____

DATE: _____

** Some insurance companies have limitations to the number of cleanings they will pay for within a given year. Please understand that these limitations are made in order to benefit the insurance company, NOT your health!*