

John C. White DDS MSD

Orthodontic Informed Consent

Generally, excellent orthodontic results can only be achieved with informed and cooperative patients. Orthodontic care, like any treatment of the human body, has some risks and limitations. Each of the following statements applies to orthodontic care in general and not necessarily to your care, however you need to be aware of these possibilities. Please read and ask questions about anything that you don't understand.

Tooth decay, gum disease, and permanent marks on the teeth will occur if patients eat foods containing excessive sugar or fail to clean their teeth thoroughly each and every day. The risk is greater for patients in braces.

In some patients the length of the tooth roots may shorten during orthodontic treatment. Some people are prone to this while most are not. Usually this is of little significance, but occasionally this may become a threat to the longevity of the teeth involved. This is an infrequent problem in Dr. White's office and even then only a couple of millimeters are lost.

The health of the bone and gums which support the teeth may be affected by poor hygiene that may occur during orthodontic treatment. This may occur whether or not the condition existed prior to orthodontic appliance placement. It should be noted that similar hygiene problems are often related to severe crowding. Tooth movement may accelerate the process.

Teeth have a tendency to change positions throughout life; this is true after orthodontic care as well. The eruption of wisdom teeth, dental work, continued growth, normal and abnormal wear of the teeth, or oral habits, all contribute to this tendency. The changes are usually minor and faithful wearing of retainers reduces and delays this tendency.

TMJ Syndrome / TM Disorders (jaw joint sounds, jaw joint pain, restriction of jaw movement, temporal headaches, etc.) may occur before, during, or after orthodontic treatment as well as when no orthodontic care has taken place. Orthodontic care may be one part of the solution for the dental components of TMD but not the non-dental components. Treatment of TMD will incur an additional expense if needed.

Orthodontic tooth movement may aggravate the condition of a tooth that was traumatized by a previous accident or has a large filling, which may have damaged the nerve. In rare cases this may require root canal treatment.

Allergies to orthodontic appliances and materials are rare and cannot be predicted. Treatment may need to be modified or adjunctive care may be needed. Nickel and latex allergies are the most common; we use latex free gloves and have nickel free appliances when needed.

Sometimes orthodontic appliances (usually individual braces) are swallowed or aspirated, or may irritate or damage the oral tissue. The likelihood of doing so is rare if the patient is careful and follows our instructions and the results are almost never significant.

Ceramic braces pose a small risk due to their possible fracture, leaving a sharp edge that may irritate the mouth. There is also the possibility of enamel abrasion of the upper teeth when lower ceramic braces are used.

Sometimes gum surgery or oral surgery is needed in conjunction with orthodontic care. The risks associated with such surgeries should be discussed with the surgeon.

The time and quality of the orthodontic care may be negatively affected by growth problems, cooperation problems, and unforeseen biologic factors. Sometimes the initial diagnosis of a case may need to be reevaluated as previously hidden problems become apparent. Many of these problems are beyond the control of the orthodontist alone. The treatment plan may need to be revised and additional care needed and/or referral to other practitioners indicated. This may extend treatment time and effect the final result.

I have read, understood, and have had my questions regarding the risks and limitations of orthodontic care answered. I understand that it is up to the discretion of Dr. White, after consultation with the responsible party, to stop treatment if he feels that the health of the patient is threatened.

Patient Name _____ Responsible Party _____

Staff Person _____ Date _____