

DRS. LEFCOE, WEINSTEIN, SACHS, SCHIFF & ASSOCIATES
INFORMED CONSENT FORM FOR ORTHODONTIC TREATMENT

The following information is routinely provided to anyone considering orthodontic treatment in our office. While recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that orthodontic treatment, like any treatment of the body, has inherent risks and limitations. These are seldom enough to rule out treatment, but should be considered when deciding to have orthodontic treatment. Please note that it is impossible to list every possible circumstance, so this has to be considered an incomplete list. Please read the consent carefully and ask your Orthodontist to explain anything you do not understand.

Discomfort – A certain amount of discomfort should be expected when braces or appliances are put on and at each wire change to adjustment.

Appointment Intervals – Appointment intervals are planned carefully and vary during treatment and with certain appliances. The Orthodontist depends on proper cooperation between appointments as well as the appliances remaining intact. If there are any problems between visits please call the office immediately. Missed appointments prolong treatment time. Repeated missing of appointments may necessitate additional visits (and fees) or discontinuation of treatment.

Ceramic/Metal Brackets – There have been some reported incidents of patients experiencing bracket breakage and/or damage to teeth from brackets. If brackets fracture outside of the office, it may result in sharp edges, which might be harmful to the patient. Also, brackets may cause enamel flaking and/or enamel fracturing upon removal. Additional fees for the treatment of such conditions will be the responsibility of the patient/guardian.

Removal of Teeth – Sometimes teeth must be extracted as part of the orthodontic treatment plan. Fees for extractions are not included in the orthodontic fees. In certain cases, treatment of crowded teeth may initially be planned without extractions, but after attempting to treat the case without extractions it may be determined that the treatment goals cannot be achieved without gaining additional space by extracting teeth. In such an event, you will be advised of the change in treatment plan and any additional fees that may be charged.

Decalcification, decay and gum disease – These problems may occur if the patient does not cooperate with brushing or flossing and regular checkups and care with the general dentist. Orthodontic brackets and appliances may increase plaque retention, thus necessitating diligent cleansing of the teeth, gums and appliances. In instances where there is a lack of cooperation in this regard, the treatment may be discontinued. For adults, there must be increased attention to prevention of gum disease and periodontal disease. If periodontal disease, orthodontic treatment will be discontinued.

Removable and/or functional appliances – Appliances are sometimes used to help with tooth and jaw alignment. Most critical to their success is patient cooperation and care not to damage or distort the appliance. If the appliance is removable, it must accompany the patient to each appointment.

Injury from appliances – Headgear and other appliance instructions must be carefully followed. Be sure to release the elastic force before removing the headgear from the teeth. Headgear that is pulled away from the teeth while the elastic force is attached could snap back into the face or eyes. On rare occasions when dental instruments are used in the mouth, the patient may get scratched, poked or receive a blow to a tooth with potential damage or soreness to oral structures. Brackets and wires can be dislodged or broken and as such can be swallowed or inhaled. The risks increase when the patient ignores advice or recommendations. Elastics and ligatures that are loose should be pushed back with a pair of tweezers or a bent spoon.

Root Resorption – In very few cases, the ends of the roots of the teeth may be shortened during treatment. In the event of subsequent gum disease, this root end resorption could reduce the longevity of affected teeth. Under healthy circumstances, the shortened tooth roots may be no disadvantage. It is nearly impossible to predict susceptibility to this condition. In the event there is root resorption, orthodontics may be discontinued prior to completion of treatment.

Impacted Teeth – Impacted teeth stay partially or completely under the gum due to lack of room to emerge or for no apparent reason. Wisdom teeth are the most commonly impacted teeth and may need to be removed. Other impacted teeth may need to be uncovered by an oral surgeon and have attachments bonded to them to assist the orthodontist in their movement. Occasionally, the surgical process needs to be repeated. Not all impacted teeth can be moved successfully, which may necessitate their extraction. Fees for uncovering, bonding or extracting impacted teeth are not included in the orthodontic fees.

Ankylosed Teeth – In some instances a tooth will not move because it is directly attached to the bone (ankylosed). An ankylosed tooth may need surgery to aid in its movement or it may need to be removed. Additional fees required for treating any ankylosed teeth will be responsibility of the patient/guardian.

Severely Overlapped Teeth – Severely overlapped teeth, especially on adults, may have caused a loss of gum tissue between the teeth. When these teeth are straightened, the lack of gum tissue may become more noticeable. Any fees to treat loss of gum tissue are the responsibility of the patient/guardian.

TMJ Pain – Some patients are very sensitive to even a slight discrepancy in their bite. These patients may suffer from noise or pain in the joint of the lower jaw (near the ear). This may occur during or after orthodontic treatment. It may also happen to patients who have never had orthodontic treatment. Let us know if you suspect the problem so it can be

addressed. An imperfect bite may also cause TMJ problems. In some instances, orthodontic therapy alone cannot result in an absolutely perfect bite because of the complex factors influencing the alignment of your teeth. Patients who develop TMJ problems during orthodontic treatment may require discontinuation of treatment. Additional fees required for treating TMJ problems will be the responsibility of the patient/guardian.

Devitalization – It is possible for a tooth to die during orthodontic treatment, especially if it was previously injured or was impacted. Sometimes such injuries are unknown to the patient or parents and cannot be detected by the orthodontist. Thus, a tooth may die and the reason for it may not be apparent. Root canal treatment may be recommended if you have such a problem. Extraction is usually not necessary. Additional fees for the treatment of such conditions will be the responsibility of the patient/guardian.

Treatment Progress – As this is not an exact science and many complex factors influence the course of the treatment, it is possible that treatment may continue beyond the expected completion date. Factors contributing to this include, but are not limited to: lack of excessive facial growth, gum disease, poor cooperation with elastics or other appliances, poor cooperation with cleansing, broken appliances and missed appointments. Additional fees may be charged for cases that extend beyond the planned completion date.

Additional Treatment – Unforeseen circumstances (growth changes, gum disease) may necessitate additional treatment not previously discussed. If this occurs, we will explain the reasons for a change in the treatment plan and any extra fees before proceeding.

Late Growth Changes – Growth changes can upset the most careful treatment plan. A person who has growth in an average proportion may not continue to do so. If growth becomes disproportionate, the jaw relationship can be seriously affected and the original treatment objectives may not be met and/or additional treatment may be required. Fees for additional treatment due to late growth changes will be the responsibility of the patient/guardian.

Success of Treatment – We intend to do everything possible to provide the best result in every case and it is our opinion that the treatment will be beneficial. However, we cannot guarantee that the proposed treatment will be successful or to your complete satisfaction. Due to individual patient differences, there exists a possibility of failure, relapse, or selective treatment, despite the best care. Much of the success of the treatment depends on the understanding and cooperation of the patient. In some instances it may be necessary to change the orthodontic treatment plan to achieve the best possible result. There may be additional fees required for adding additional treatment.

Return of Original Problem – Many problems tend to return by a factor of 10% or so. Very severe problems are more likely to do so. We will make our correction to the highest standards and hold the result carefully. When the retention is discontinued, we will expect some return. Careful cooperation during the retention period will keep this rebound to a minimum. Additional fees for any re-treatments due to rebounding will be the responsibility of the patient/guardian.

Phase 1 Treatment – Phase 1 treatment is an early guidance/partial appliance phase for children who have a mixture of baby and permanent teeth. Phase 1 treatment can facilitate a better overall treatment result by gaining additional space for unerupted permanent teeth or aligning the jaws. Phase 1 may be followed by a waiting period for permanent teeth to erupt, requiring retainers to hold the Phase 1 result, prior to initializing Phase 2, the final phase of active treatment. Other times, Phase 2 follows immediately after Phase 1. There will be separate orthodontic fees for both phases.

I understand that other treatment to be performed during or after orthodontic treatment involving the following procedures are not included in the orthodontic treatment or fee. In addition, none of the following procedures are to be performed unless authorized by the orthodontist: (i) Extractions, (ii) Crowns, (iii) Bridges, (iv) Veneers, (v) Bonding or cosmetics, (vi) Partial dentures and, (vii) Other _____ initials

I, _____, have had full opportunity to read and consider the contents of this Consent form and have received a copy of your Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my PHI to carry out treatment, payment activities and health care operations. I further understand that, like other healing arts, the practice of orthodontics is not an exact science; therefore, results cannot be guaranteed.

Signature: _____ Date: _____

If this Consent is signed by a personal representative/guardian on behalf of the patient, complete the following:

Personal Representative/Guardian's Name: _____

Relationship to Patient: _____