



# ORTHODONTICS INFORMATION AND INFORMED CONSENT DOCUMENT

We ask you to read the following to share some facts about orthodontic treatment which, like any medical or dental treatment, includes some limitations. This information is routinely supplied to anyone considering orthodontic treatment at our practice. The purpose of this document is to inform patients and parents of what to expect during orthodontic treatment and to point out potential risks or problems that may be encountered before or after treatment.

## ENAMEL REDUCTION

Reshaping the teeth before, during, or after treatment may be recommended to provide room for alignment, improved appearance and stability. This reduction of the outer layers of enamel seldom presents a problem with enamel strength or causes any increase in the number of cavities, provided good oral hygiene is maintained.

## CLEAR BRACES (CERAMIC BRACES)

The use of ceramic braces may involve occasional breakage which could pose a risk to the patient if the particles are swallowed. Treatment time is usually increased with ceramic braces, thus increasing cost of the case.

## TOOTH SIZE DISCREPANCY

After orthodontic treatment, minor spacing may occur between the teeth because of small or abnormal teeth size. Bonding (white filling material) may be suggested to fill in the spaces. This improves the aesthetics and stability of the case. Porcelain laminate veneers are generally the ideal restoration for optimising aesthetics if tooth shape, size or colour needs to be changed.

## TREATMENT TIME

The treatment time can vary with the difficulty of the problem, co-operation of the patient and individual response to the orthodontic treatment. Lack of facial growth, poor cooperation with elastics or appliance wear, poor oral hygiene, broken appliances for missed appointments are all important factors which could lengthen treatment time and affect the quality of the results.

## PHASED TREATMENT

Early interception of jaw size problems is done as Phase 1 treatment. Phase 1 will improve bite relations, alleviate crowding and allow teeth to erupt rather than become impacted. Generally a second phase is required to align the teeth. This is not included in phase 1 and is a separate fee.

## DISCONTINUING TREATMENT

Treatment will be discontinued when there is lack of patient cooperation, including poor oral hygiene, broken appointments, lack of wear-time of appliances or elastics, and in cases where continuing the treatment would be detrimental to the dental health of the patient. Prior to stopping the treatment, the patient or parent will be consulted and informed.

## RELAPSE

Teeth move naturally over the course of a lifetime. Relapse is a movement or shifting of the teeth back to their original position after the braces have been removed. It is normal that all patients may experience at least a movement of the teeth once the braces have been removed. In the late teens or early twenties, some patients may notice slight crowding of the lower front teeth. This is particularly evident if their teeth were extremely crowded prior to treatment. This minor relapse can occur even with good cooperation throughout the active and retention phases of treatment.

The problem of late crowding of lower teeth occurs in many people with or without orthodontic treatment. Some reasons for crowding include: the growth patterns of the jaws or the muscle balance of the lips and tongue. Muscle balance plays an important role in the stability of the case. There must be a balance of the muscles of the lips, cheeks and the tongue.

Muscle instability can occur with patients with allergies involving swollen adenoids and tonsils who must breathe through their mouths. If the patient has a persistent tongue thrust swallowing habit, there will be a greater chance of relapse. Habits such as nail biting, thumb sucking, tongue thrusting and mouth breathing can cause teeth to become crowded.

It is important for patients to wear their retainers at all times, except while engaged in contact sports or cleaning teeth or the appliance. The only assurance that teeth will never move is to continue the retention phase (retainer wear) indefinitely.

## INFORMED CONSENT AND PERMISSION TO USE PHOTOGRAPHS, X-RAYS, AND MODELS

I consent to the taking of photographs and x-rays before, during and after orthodontic treatment as they are a necessary part of the diagnostic procedure and record keeping. I further give permission for the use these photographs, x-rays and records to be used for the purpose of research, education or publication in professional journals.

I hereby acknowledge I have been informed to my satisfaction of all the treatment considerations, including benefits of treatment, risks of treatment, risks of non-treatment, and the proposed orthodontic treatment plan and that I now consent to treatment.

Name \_\_\_\_\_

Date of Birth \_\_\_\_//\_\_\_\_//\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_//\_\_\_\_//\_\_\_\_