



The Hub Dental Practice

CF and Agreement form for Orthodontic Treatment



You have decided, or are considering orthodontic treatment.

There are at least 19 things you should know in addition to the fact that we do not give any guarantees.

1. Patient cooperation with this treatment is imperative. If the patient does not co-operate with treatment plans then the treatment will not work and there is no financial recourse.
2. Orthodontic treatment will move teeth if worn and achieve acceptable results. However, the results achieved will never be perfect. Thus, if you are a perfectionist and want every line angle, rotation, and height almost perfect, then you should not start orthodontic treatment.
3. Tooth decay, gum disease and permanent markings on teeth are fully preventable, but can occur if patients eat food containing excessive sugar and/or do not clean their teeth frequently and properly.
4. Tooth decay, gum disease and permanent markings on teeth are fully preventable, but can occur if patients and do not follow dentist and Hygienist treatment/Hygiene/diet advice.
5. Treatment for decayed/stained/broken/lost filling and tooth decalcification or staining is chargeable.
6. An injured tooth can die over a period of time with or without orthodontic treatment and it may not be obvious that a tooth was previously injured. This tooth may flare up during orthodontic movement and require root canal treatment. This occurrence is seldom due to orthodontic treatment and is more frequently related to a previous accident. Your general dentist would need to perform a root canal treatment if the tooth should flare up before, during, or after orthodontic treatment. (Additional Fees will apply)
7. Root resorption and shortening of roots can occur with or without orthodontic treatment. Under healthy conditions, the shortened roots usually are not a problem. In very rare cases, shortened roots can be a cause of loose teeth
8. It is essential for patients to maintain excellent oral hygiene at ALL TIMES.
9. Teeth have a tendency to partially rebound toward their original positions after orthodontic treatment. Rotations and crowding of lower anterior teeth are most common examples. Teeth also tend to drift forward in the mouth over the years. We strongly advise wearing fixed retainers indefinitely. However if the patient decides to wear removable retainers then they must wear them every night for the first year, and most every night from then on to avoid these biological changes.
10. Failure to wear orthodontic retainers can result in relapse and any subsequent treatment will be chargeable.
11. Allergies to medicines and orthodontic materials may occur during treatment. If you are aware of these allergies they can be avoided, but if they are unknown to you, it is impossible to predict any reaction. People who are already allergic to certain foods are more prone to allergies to materials. Some allergies that we are aware of include latex and metals.
12. Patients with malocclusions may have a high potential for TMJ (or temporo-mandibular) problems, which may become evident before, during or after orthodontic treatment. These may include joint pain, ear pain, and/or headaches. orthodontic treatment may help remove the dental causes of the TMJ syndrome but not the non-dental causes. TMJ problems can be both painful and expensive to treat. We may need to refer you to a doctor who specializes in TMJ problems, and this would be a separate fee at that doctor's office.
13. Occasionally, unexpected or abnormal changes in the growth of the jaws or shape and size of the teeth may limit our ability to achieve the desired result. If growth becomes disproportionate, the bite may CHANGE, requiring additional treatment or, in some cases, oral surgery. Growth disharmony is a biological process beyond the orthodontist's control.
14. Sometimes orthodontic attachments and/or appliances may be accidentally swallowed or aspirated, or may irritate or damage the oral tissue.
15. Sometimes during orthodontic treatment teeth may be chipped or restorations (fillings or crowns) dislodged. Any subsequent treatment will be chargeable
16. Sometimes to obtain more than just cosmetic improvements, simple or even complex oral surgery could be necessary in conjunction with orthodontic treatment, especially to correct severe jaw imbalances. We suggest that if you are considering this option, that you discuss risks with your oral surgeon before making your decision to proceed with the surgery. If you decline the option of "ideal treatment" we will explain as best we can the cosmetic improvements to the smile that are possible without surgery
17. Each orthodontic patient MUST be under the care of a general dentist, and your general dentist may refer adult patients to a Hygienist It is essential that orthodontic patients have regular dental check-ups and cleanings as directed by your general dentist (usually in intervals of 3 to 6 months between cleanings). It is then essential that advice about sugar intake and plaque control is followed.
18. We reserve the right to terminate orthodontic treatment if we feel that the patients Oral Hygiene and/or decay risk is too high. In these cases we will offer Dental Treatments to rectify this (These treatments are chargeable). If we then decide as a result of subsequent poor co operation and/or continuing high risk of gum disease or decay that treatment should be terminated then no refunds will be made.
19. Completion of orthodontic treatment, especially in adults, can result in slight spaces between some teeth. This is especially true if teeth were extracted, or if the widths of individual teeth are inconsistent. Also, in some adults with very crowded teeth, the gum tissues do not fill in, so there appears to be a space between teeth due to missing gum tissue.

I realise that signing this does not oblige me to have all or any part of the treatment proposed, but is simply an acknowledgement of the fact that I am giving my informed consent if I decide to go ahead.

I have read and understand the above and thus consent to orthodontic treatment for myself or dependent.

Name _____ Date of Birth ____//____//____

Signature _____ Date ____//____//____