

CONSENT FOR ORTHODONTIC TREATMENT

Date

Patient Name

Chart Number

I request and authorise Dr. Mark Lynch and/or associates or assistants of his choice to perform the following treatment(s)/procedure(s) for:-

Patient Name: _____

Description of Treatment(s)/Procedure(s): _____

Description of Patient's Condition/Problem(s) Being Treated: _____

I further request and authorise the taking of oral-dental x-rays, impressions for dental casts, photographs, and the use of such anaesthetics as may be considered necessary or advisable by Dr. Mark Lynch to diagnose and/or treat my/the patient's dental problem(s).

I have had explained to me, and I have had sufficient opportunity to discuss, my/the patient's dental condition, the treatment procedure(s), and the benefits to be reasonably expected from this treatment, compared to alternative approaches and/or no treatment.

I understand that, generally, successful orthodontic care can be carried out with informed and co-operative patients. I am aware that orthodontic treatment, like treatment to any part of the body, has some risks and limitations. These are seldom severe or frequent enough to offset the advantages of treatment, but they should be considered in making the decision to undergo orthodontics.

The mouth is sensitive to changes and the introduction of any appliance means that a period of adjustment is necessary. There may be some discomfort associated with orthodontic treatment. This usually can be resolved by using an over-the-counter non-aspirin pain medication.

Tooth decay, gum disease, and decalcification (permanent markings on the teeth) may occur if patients do not brush their teeth regularly and properly. Excellent oral hygiene is a must. Sugars and between-meal snacks should be eliminated, as well as hard and sticky foods because they can loosen, break and bend appliances.

CONSENT FOR ORTHODONTIC TREATMENT continued ...

Teeth have a tendency to return to their original position after orthodontic treatment. Throughout life, tooth position is constantly changing. This is true for all individuals, regardless of whether they had orthodontic therapy or not. A common site for these changes is the lower front teeth, and some shifting movement in this area should be expected after treatment ends. To compensate for this, the orthodontist may move the teeth slightly beyond their desired final position. Faithful wearing of retainers will help reduce post treatment changes.

Impacted and unerupted teeth can cause problems during treatment, including loss of the teeth, gum problems, shortening of the roots, and ankylosis (fusion to the bone). The length of time to move impacted and unerupted teeth can vary considerably.

Occasionally, growth of the jaws becomes disproportionate, changing the relationship of the upper jaw to the lower jaw. In some cases, surgery or additional orthodontic treatment may be needed to correct this disproportionate growth.

The patient is obliged to have six-monthly checks with their general dentist during orthodontic treatment as the specialist orthodontist undertakes no general dentistry.

There are occasions when it is difficult to accurately predict the length of treatment time, so the orthodontist gives a best estimate. In some cases, treatment time may take longer because of more or less growth than expected. Sometimes, it may be caused by poor co-operation by the patient. Broken appliances and missed treatment appointments may also be important factors in slowing down treatment progress and may affect the quality of the final result.

Treatment objectives may need to be modified if any of the below occur, if co-operation is not obtained, if the patient fails to finish treatment or if the braces are removed and orthodontic treatment stopped before completion, i.e. poor results.

Any medical or dental procedure has certain risks and complications. This is also true of orthodontics with certain medical conditions being a contra-indication for orthodontic treatment. The review that follows is not meant to be alarmist. The objective is to provide information for an informed decision to be made regarding treatment. Please ask an orthodontist if you need further information before signing.

If the standard of tooth brushing falls below an acceptable level – and this needs to be high prior to commencing treatment – the enamel of the teeth can be permanently damaged. This will appear as permanent white, yellow or brown tooth staining or decalcification; this is in fact early decay. If you have too many sweets, sugary foods, fruit drinks or fizzy drinks, you also risk ending up with marks on your teeth and brace properly, your gums may become swollen during treatment, causing lasting damage. The standard of tooth brushing is checked every visit.

CONSENT FOR ORTHODONTIC TREATMENT continued ...

Movements of the teeth can result in loss of root length between 1-1.5mm. This is known as root resorption and does not jeopardise the teeth. It is rare for individual teeth or groups of teeth to undergo marked resorption to an extent that could lead to their early loss of vitality. Sometimes a tooth can “die” or undergo loss of vitality. This is rare and is usually associated with the previous trauma or damage to the tooth.

The prospect of teeth staying absolutely in a position of stability varies from one individual to another and is not wholly predictable. Obviously, failing to wear retainers as directed could well allow teeth to move out of position. Minor changes are expected as a result of facial changes that can have direct bearing on tooth positions. Where relevant, any factors that are known to prejudice post treatment stability will be discussed. Counter measures that can be taken will be discussed, such as long term wear of permanent retainers.

The role of wisdom teeth and their effects on front teeth is controversial: occasionally, it will be recommended that the wisdom teeth be removed, but not in every case.

There is no evidence to show that the extraction of teeth and good orthodontic treatment can have any harmful effect on the facial profile.

There will be a fee of £150 for loss of retainers and £50 for repair of retainers.

If I change my mind and I do not want to continue treatment and I inform the practice within two weeks of having the work placed, I understand there will be 50% refund. I understand that there will be no refunds after this time.

I understand that orthodontics is not an exact science and acknowledge that no guarantees have been made to me regarding the results of the orthodontic treatment.

CONSENT CERTIFICATION

I certify that I have explained the nature, purpose, benefits, the usual and most frequent risks and hazards of, and alternatives to, the treatment and procedures specified above. I have offered to answer any questions and have fully answered such questions. I believe the patient/relative/guardian understands what I have explained and has consented to the proposed treatment and procedures.

Signature of Dentist: _____

Date: _____ Time: _____

Print Name: _____

Signature of Patient: _____

Print Name: _____