

Peel Orthodontics Patient Information and Consent Form

Orthodontic treatment promotes a healthy smile, healthier teeth and gums, and a better bite for normal chewing.

Orthodontic treatment depends for much of its success on the understanding and co-operation of patients. Please read this form carefully and ask your orthodontist to explain anything you do not understand. While recognising the benefits of healthy teeth and a pleasing smile, you should be aware that orthodontic treatment has limitations and risks and there may be alternative treatment options. You should clarify what is expected of you as a patient, or as the parent of a young patient, to achieve excellent results. Keep in mind that with orthodontic treatment, like other healing arts, results cannot be guaranteed. The unknown factor in any orthodontic correction is the response of the patient to the orthodontic treatment. Should you have any questions please ask.

BENEFITS

Orthodontics play an important role in improving overall oral health and achieving balance and harmony between the face and teeth for a beautiful, healthy smile, which may enhance one's self esteem. Properly aligned teeth are easier to brush and so the tendency to decay may be decreased, as may the likelihood of developing disease of the gums and supporting bone. Also well aligned teeth are less likely to experience abnormal wearing down of the teeth.

Because of the individual conditions present and the limitations of treatment imposed by nature, each specific benefit may not be attainable for every patient.

RISKS

All forms of medical and dental treatment including orthodontics have some risks and limitations. Fortunately in orthodontics complications are infrequent and when they do occur they are usually of only minor consequence. Nevertheless, they should be considered when making the decision to undergo orthodontic treatment. The principal risks in orthodontic treatments pertain to:

1. ORAL HYGIENE

Orthodontic appliances do not cause tooth decay. Gum disease, tooth decay and permanent markings (decalcification) on the teeth can occur if orthodontic patients eat food containing excessive sugar or do not brush their teeth frequently or properly. These same problems may occur without orthodontic treatment but the risk is greater to an individual wearing braces. It is imperative during orthodontic treatment that extra care is taken with oral hygiene and tooth brushing in particular.

2. RELAPSE

Teeth may have a tendency to change their positions after treatment. This is usually only a minor change, and on average, most of a correction is retained. The faithful wearing of retainers should reduce this

tendency. Teeth can however, move at any time, whether or not they have had orthodontic treatment. This is especially true during the late teen period when active growth of the lower jaw is coming to an end. The most vulnerable teeth are those at the front. Throughout life, the bite can change adversely from various causes such as: eruptions of wisdom teeth, growth or maturational changes, mouth breathing, playing of musical instruments and other oral habits. Very occasionally tooth movements will be severe enough to merit a further short course of treatment to ensure a satisfactory result.

3. PERIODONTAL HEALTH

The health of the bone and gums, which support the teeth, may be affected by orthodontic tooth movement. If a condition already exists, and in some rare cases, where a condition does not appear to exist. In general, orthodontic treatment lessens the possibility of tooth loss or gum infection due to misalignment of the teeth or jaws. Inflammation of the gums and loss of supporting bone can occur if bacterial plaque is not removed daily with good oral hygiene.

4. ROOT SHORTENING

In some patients the length of the roots of the teeth may be shortened during orthodontic treatment. Some patients are more prone to this happening than others. It is nearly impossible to predict susceptibility. Usually this shortening does not have significant consequences, but on very rare occasions it may become a threat to the longevity of the teeth involved.

5. JAW JOINTS

Occasionally patients may suffer pain or dysfunction in the jaw joints (TMJ'S). This may present as joint pain, headaches or ear problems. These problems may occur with or without orthodontic treatment. Any of the above noted symptoms should be reported to the orthodontist. Some patients are susceptible to TMJ problems and some are not. Stress is a major contributing factor in TMJ disorders. Just as for painful conditions in other joints, discomfort in TMJ's can last a few days to several weeks or longer.

6. TOOTH VITALITY

Sometimes a tooth may have been traumatised by a previous accident or a tooth may be decayed or have large fillings, which can cause damage to the nerve of the tooth. Orthodontic tooth movement in some cases aggravates this condition and in rare instances may lead to loss of tooth vitality and discolouration of the tooth, requiring root canal treatment and other dental treatments to restore the colour of the tooth.

7. LOOSE APPLIANCES AND DISCOMFORT

The gums, cheeks or lips may be scratched or irritated by newly placed appliances or by loose or broken appliances or by blows to the mouth. You will be given instructions on minimising these effects. Very rarely, loose orthodontic appliances may be accidentally swallowed or aspirated. You should inform your orthodontist of any unusual symptoms, or broken or loose appliances, as soon as they are noted, even if you already have an appointment. Usual post adjustment tenderness should be expected, and the period of tenderness and sensitivity varies with each patient and the procedure performed. (Typical post adjustment tenderness may last 24 to 48 hours).

8. ATYPICAL GROWTH

Insufficient, excessive or asymmetrical changes in the growth of the jaws may limit our ability to achieve the desired result. If growth becomes disproportionate during orthodontic treatment, the treatment may be prolonged. Growth changes that occur after orthodontic treatment may alter the quality of treatment results and may require further orthodontic treatment. In some cases of atypical growth, the bite may change so much that oral surgery is required to achieve the best possible result.

9. HEADGEAR

If improperly handled, headgear may cause injury to the face. Patients are warned not to wear the appliances during times of horseplay or competitive activity.

10. TREATMENT TIME

The total time required to complete treatment may exceed the estimate. Poor co-operation in wearing the appliance the required hours per day, poor oral hygiene, broken appliances and missed appointments can lengthen the treatment time and affect the quality of the results.

11. CO-OPERATION

Co-operation throughout treatment is your best guarantee of achieving a pleasing smile and a good bite. Failure to co-operate could force the orthodontist to change procedures and goals of your treatment. As a last resort treatment might have to be suspended. The consequences of early suspension may be worse than no treatment at all.

12. CERAMIC BRACKETS

Where ceramic brackets have been used, there have been some reported incidents of patients experiencing bracket breakage or damage to teeth, including the wearing down of the tooth enamel and flaking or fracturing of the tooth's enamel on debanding. Fractured brackets may result in remnants, which may be harmful to the patient especially if they are chewed on, swallowed or aspirated.

13. COMPLEMENTARY AESTHETIC DENTISTRY

If your teeth vary from normal in the number, size or shape of the teeth, achievement of the ideal result (for example, complete closure of excessive space) may require restorative treatment. The most common types of complementary treatment are cosmetic bonding, crown and bridge restorative dental care and periodontal therapy.

14. GENERAL HEALTH

General medical problems can affect orthodontic treatment. You should keep your orthodontist informed of any changes to your medical health. You should also continue seeing your regular dentist for general dental care.

SURGICAL SUPPLEMENT

If the orthodontic treatment plan involves correction of the malocclusions by orthodontic appliance therapy in conjunction with orthognathic appliance therapy, in conjunction with orthognathic (corrective jaw) surgery, I understand that oral surgery may be necessary in conjunction with the above patient's orthodontic treatment. I authorise the office(s) of Peel Orthodontics to communicate with the surgeon and release information from the above patient's record to the designated surgeon. I acknowledge that expenses incurred from the surgery are separate from orthodontic treatment expenses, and I will be responsible to the surgeon and hospital for all such expenses.

I understand that if I do not complete the surgical component of the treatment plan I may have a compromised treatment result and other complications. I hereby agree not to hold the doctor(s) and staff liable for my compromised treatment resulting from my failure for any reason to follow the treatment plan.

RESTORATIVE SUPPLEMENT

If the orthodontic treatment plan involves the restoration of teeth, or replacement of missing teeth, by a dentist or prosthodontist, I understand that restorative dental treatment and/or surgery is necessary in conjunction with the above patient's orthodontic treatment. I authorise the office(s) of Peel Orthodontics to communicate with the dentist/surgeon and release information from the above patient's record to the designated dentist/ surgeon. I acknowledge that expenses incurred from the restorative treatment/surgery are separate from orthodontic treatment expenses, and I will be responsible to the dentist/surgeon and hospital for all such expenses.

I understand that if I do not complete the restorative/surgical component of the treatment plan in a timely fashion that I may have a compromised treatment result and other complications. I hereby agree not to hold the doctor(s) and staff liable for my compromised treatment resulting from my failure for any reason to follow the treatment plan.

SURGICAL EXPOSURE OF TEETH

Exposure of impacted palate canines usually involves day-stay general anaesthetic hospitalisation and services of a specialist oral surgeon. A few days after the surgical exposure of a tooth, a small pad is bonded to the enamel crown of that tooth. There will be a fee associated with this procedure. It is possible that the gentle traction forces required to erupt the canine can dislodge this pad. Although a rare event this may necessitate surgical re-exposure of this tooth.

It is known that unerupted teeth may fuse (ankylose) to the bone of the jaw and refuse to shift once exposed. It is impossible to predict which teeth might ankylose. If ankylosis does occur, surgical removal of the impacted tooth may become necessary. Careful surgical technique lessens the chance of ankylosis occurring, and this is why we prefer a specialist to perform the exposure.

As the tooth is moved into position, three dimensionally through the jawbone, it can interfere and damage the roots of adjacent teeth. This can cause a loss of vitality to the adjacent teeth, a change in tooth colour or blunting of the adjacent root surfaces.

The more severely impacted the tooth, the further it has to be moved through the jawbone, and the more likely that problems may arise. These can involve non-vitality of the canine tooth (dead nerves) and periodontal defects (gum problems) around the tooth once positioned into the arch.

Invariably impacted teeth require an extended orthodontic treatment period, often twelve months in excess of the normal period of orthodontic correction. As a result of this there is an additional fee charged for impacted teeth orthodontic cases, particularly where there are bilateral, or two impacted teeth.

DOCTOR'S RIGHTS

I also accept the right of the doctor(s) of Peel Orthodontics to discontinue the proposed treatment if the patient fails in their responsibility to the practice. This would include, but is not limited to, failure to maintain adequate plaque control, excessive breakages of appliances, repeated missed appointments, failure to wear headgear or elastics as instructed, unacceptable behaviour in the office and the failure to pay accounts.

ACKNOWLEDGEMENT OF INFORMED CONSENT

I hereby acknowledge that the major treatment considerations and potential risks of orthodontic treatment have been presented to me. I have read and understand this form and also understand that there may be

other problems that occur less frequently or are less severe, and that the actual results may be different from the anticipated results.

The doctors and/or staff of Peel Orthodontics have discussed the orthodontic treatment for me/my child/ the patient with me. I have been asked to make a choice about the treatment. I have been presented information to aid in the decision making process, and I have been given the opportunity to ask questions I have about the proposed orthodontic treatment, and information contained in this form.

CONSENT TO UNDERGO ORTHODONTIC TREATMENT

I hereby consent to the making of diagnostic records, including x-rays, before, during and after orthodontic treatment, and to the doctor(s) and, where appropriate, staff providing orthodontic treatment described by the above doctor(s) for the above individual. I fully understand all of the risks associated with treatment.

Patient's Name.....

Signature of patient/parent/guardian:

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Date.....

Relationship to patient.....