

Informed Consent and Agreement Orthodontic Treatment

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 plays 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 AND INCONVENIENCES

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 deciding to undergo orthodontic treatment. The principal risks in orthodontic treatments outlined here, together with the informed consent you have already signed pertain to:

1. 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.

2. 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 the 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.

3. 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.

4. 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.

5. WITHDRAWAL OF CONSENT

If consent to treatment is withdrawn before starting the proposed treatment, I acknowledge that I am still responsible for any expenses incurred for laboratory fees, administration services, appliance fees or any other expenses incurred by Peel Orthodontics and these will be taken into consideration when calculating the refund of any monies owed.

6. YOUR APPOINTMENTS

There is a various qualified and trained staff at Peel Orthodontics who will contribute to your care and treatment under the guidance of your doctor(s). I acknowledge that appointments will be performed by the relevant team member and understand that my Doctor will not always be the person to perform each appointment.

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 the 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 above 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.

ADDITIONAL FEES THAT MAY BE PAYABLE

1. Procedures associated with the treatment done in other offices. (E.g. x-rays, extractions, fillings, dental checkups, cleanings, jaw surgery, TMJ therapy or cosmetic dental work) - Cost is at the dentists'/specialists' discretion
2. Extended treatment due to lack of patient co-operation
3. Replacement of lost or broken appliances and retainers including lab costs
4. If you wish to alter your treatment plan mid-treatment.
5. Excessive breakages of brackets for patients in braces, (more than 3 attachments with braces)
6. Breakages of other appliances when the patient is at fault - incorrectly using appliance, eating food that isn't compliant, using tongue to "flick" appliance
7. Retention period over one year, after braces removed. However, we do remind you of the importance of wearing retainers indefinitely to keep the teeth straight

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 understood this form and also understand that there maybe 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 choose the treatment. I have been presented information to aid in the decision-making process, and I have been allowed 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:

Relationship to patient.....

Date.....