

Johnston Orthodontics, LLC
CONSENT FOR ORTHODONTIC TREATMENT

Positive orthodontic results can be achieved with informed and cooperative patients. The following information is supplied to anyone considering orthodontic treatment in our office. While recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that orthodontic treatment, like any treatment of the body, has some inherent risks and limitations. These are seldom enough to contraindicate treatment but should be considered in making the informed decision to wear orthodontic appliances. Orthodontic treatment usually proceeds as planned, however, like all areas of medical and dental science, results cannot be guaranteed.

Decalcification (permanent white spot markings), decay, and/or gum disease can occur if patients do not brush and floss their teeth properly and thoroughly during treatment. Excellent oral hygiene and plaque removal is vital. Sugars and in between meal snacks should be eliminated when possible.

Teeth have a tendency to relapse or rebound to their original position after orthodontic treatment. Very severe problems have a higher tendency of relapse, and the most common area for relapse is the lower front teeth. After orthodontic appliance removal, positioners or retainers are placed to minimize relapse. Full cooperation in wearing these appliances is crucial. When retention is discontinued, some relapse is still possible. Lifetime retention is recommended in more severe cases. **There is a fee for replacement of lost and/or broken retainers or appliances. There is also a fee to repair bonded retainers.**

A non-vital or dead tooth is a possibility. A tooth that has been traumatized from a deep filling or even a minor blow can die over a long period of time with or without orthodontic treatment. An undetected non-vital tooth may flare up during orthodontic movement, requiring endodontic (root canal) treatment to maintain it.

In some cases, the root ends of the teeth may become shortened during treatment. This is called root resorption. Under healthy circumstances the shortened roots are no disadvantage. However, in the event of gum disease in later life the root resorption could reduce the longevity of affected teeth. It should be noted that not all root resorption arises from orthodontic treatment. Trauma, impaction, endocrine disorders, or idiopathic reasons can also cause root resorption.

There is also a risk that problems may occur in the temporomandibular joints (TMJ). Although this is rare, it is a possibility. Tooth alignment or bite correction can improve tooth-related causes of TMJ pain but not in all cases. Tension appears to play a role in the frequency and severity of joint pains.

Occasionally, a person who has grown normally and in average proportions may not continue to do so. If growth becomes disproportionate, the jaw relation can be affected and original treatment objectives may have to be compromised. Skeletal growth disharmony is a biological process beyond the orthodontist's control.

The total time for treatment can be delayed beyond our estimate. Lack of facial growth, poor elastic wear and/or headgear cooperation, broken appliances, and missed appointments are all important factors which could lengthen treatment time and affect the quality of the result. **Please be sure to keep anything that comes off of your braces, appliances, and/or retainers (i.e. brackets, wires, bands, appliance parts, pontics, etc.) and bring it to your next appointment.**

Headgear instructions must be followed carefully. A headgear that is pulled outward while the elastic force is attached can snap back and poke into the face and eyes. Be sure to release the elastic force before removing headgear from the teeth.

In summation, Johnston Orthodontics will make every effort to provide optimum treatment and care. In order to achieve our goal, there must be cooperation from everyone – the orthodontist, the clinic staff, family, and most of all, the patient. We thank you for your understanding and cooperation.

I/We have read and understand the above mentioned and consent to treatment. I/We am/are aware of the potential risks and limitations of orthodontic treatment. I/We have received a thorough explanation of the proposed orthodontic treatment and all of my/our questions have been fully answered. Please proceed with orthodontic treatment.

A photocopy and/or facsimile of this contract is considered to be as valid as the original.

_____ Date

_____ Patient

_____ Parent/Guardian

_____ Parent/Guardian