

Orthodontic (braces) consent

As a rule, excellent Orthodontic results can be achieved with informed and cooperative patients. Thus, the following information is routinely 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 decision to wear orthodontic appliances. Please feel free to ask any questions about this at the pretreatment consultation.

Decalcification (permanent markings), decay, or gum disease can occur if patients do not brush their teeth properly and thoroughly during the treatment period. Excellent oral hygiene and plaque removal is a must. Sugars and between meal snacks should be reduced. Hard sticky "foods" can loosen the braces, causing decalcification under the braces, where it cannot be detected. These items, including gum and ice cubes, must not be put in the mouth during orthodontic treatment.

Extraction of Wisdom teeth is very important before, during or soon after treatment this depends on case and type of problem, this help to move teeth distally as well as help to minimize relapse of teeth.

Teeth have a tendency to rebound to their original position after orthodontic treatment. This is called relapse and the most common area for relapse is the lower front teeth. After band removal, a positioner or a retainer is placed to minimize relapse. Full cooperation in wearing these appliances is vital. We will make our correction to the highest standards and in many cases overcorrect in order to accommodate the rebound tendencies. When retention is discontinued some relapse is still possible. To wear your retainer is the most important job on your part. This is where my job ends and your responsibility start.

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 are 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 cuts, impaction, endocrine disorders, or idiopathic reasons can also cause root resorption.

There is also a risk that problems may occur in the temporomandibular joint (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 dentist's control. The total time for treatment can be delayed beyond our estimate. Lack of facial growth, poor elastic wear and headgear cooperation, broken appliances and brackets, and missed appointments are all important factors which could lengthen treatment time and affect the quality of the result.

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 or eyes. Be sure to release the elastic force before removing the headgear from the teeth.

So, please, let's make every effort to do it right. This takes cooperation from everyone: I, my staff, your family, and most of all, the patient.

I am thanking you in advance for your cooperation in this matter.

I have read and understand the above and consent to treatment. Dr. Patel is general dentist not orthodontist; Dr. Patel is part of study group of USDI (United States dental institute) who teaches orthodontic treatment to general dentist for decades.

I READ AND UNDERSTAND THE ABOVE INFORMATION AND THE INFORMATION GIVEN TO ME VERBALLY AND ALL THE QUESTIONS ABOUT BRACES AND TREATMENT HAVE BEEN ANSWERED TO MY SATISFACTION. BY MY SIGNATURE BELOW I CONSENT TO THE TREATMENT.

Dr. Patel would like your permission to use photographs to demonstrate treatment. And educational purpose in lectures and motivate other patients, Please sign below if this is acceptable.
