

Eggemeyer & Graham Orthodontics, Ltd.
Informed Consent Agreement

ORTHODONTIC TREATMENT FOR _____

In the vast majority of orthodontic cases, significant improvements can be achieved. While the benefits of a pleasing smile and healthy teeth are widely appreciated, orthodontic treatment remains an elective procedure. It, like any other treatment of the body, has some inherent risks and limitations. These seldom prevent treatment, but should be considered in making the decision to undergo treatment. Please read and initial each paragraph in the space provided and sign and date the bottom of page 2.

FACTORS THAT CAN AFFECT THE OUTCOME OF ORTHODONTIC TREATMENT:

1. CARING FOR APPLIANCES: Poor tooth brushing increases the risk of tooth decay and gum problems when wearing braces. Excellent oral hygiene, reduction of sugar in the diet and avoiding hard and sticky foods will help to minimize the possibility of decay, white spots (decalcification) and gum problems. These same problems can occur without braces, but the risk is greater to an individual wearing appliances. Routine visits to the dentist (every three to six months) for cleaning and cavity checks are necessary during treatment. We know that accidents occur and occasionally a bracket may get loose. Please report any loose or broken appliances as soon as possible to avoid delays in treatment. There is no charge for three broken brackets or archwires. Additional breakage will result in a \$35 per bracket charge.

2. COOPERATION: In the vast majority of orthodontic cases, significant improvements can be achieved with patient cooperation. Cooperation is expected in the areas of oral hygiene, appropriate wear of headgear/elastics/retainers, and maintenance of regular appointments as prescribed by the Orthodontist. Excessive treatment time and/or compromised results can occur from lack of cooperation.

3. DISCOMFORT: The mouth is very sensitive to changes. The introduction of orthodontic appliances means that you must expect a period of adjustment. There may be some occasional discomfort associated with orthodontic treatment. This can usually be relieved by using simple over-the-counter pain medication and/or modifying the diet temporarily.

4. KEEPING APPOINTMENTS: Missed appointments create many scheduling problems and will lengthen treatment time. *Only short adjustment-type appointments can be scheduled after school or on Saturday.* Longer appointments like banding and bonding braces will be scheduled during the day. We will charge a \$35.00 fee for each failed appointment or those not cancelled with 24 hour notice. We want to give each patient the time and attention s/he deserves at every appointment. We reserve the right to reschedule any patient who arrives 10 minutes or more after their scheduled appointment time.

5. RETENTION PROTOCOL: For best stability of the orthodontic result, the teeth must be held in position for many months after they have been moved. This is called RETENTION. Even then, there can be a strong tendency for the teeth to rebound toward their original positions. In order to minimize that tendency, some type of finishing appliances or retainer must be placed after the braces are removed. Full cooperation in wearing these retention appliances is vital. Each patient will be monitored for the first year as part of the treatment contract. In that one year period, 4 retainer check appointments are ideal. Every patient is welcome to return to our office for retainer checks after that one year time period for as long as they desire but a nominal office visit fee will be assessed.

6. POST-TREATMENT TOOTH MOVEMENT: Teeth have a tendency to shift or settle after treatment as well as after retention. These are normal changes in response to function. Some changes are desirable while others are not. Twisting and crowding of the lower front teeth, space in the area of tooth removal and space between the upper front teeth are common examples. Retention appliances must be worn as directed to prevent undesirable changes.

7. TREATMENT TIME AND MODIFICATIONS: The total time for treatment may be less than or extend beyond our original estimate. The need for extractions may occur during treatment or other modifications may be necessary depending upon the patient's response and cooperation during treatment. Orthodontic treatment may fail to reach an ideal result, even though that is our aim, and there is no guarantee as to any result or cure. Compliance with all instructions will be critical to keep treatment time estimates accurate.

8. NON-IDEAL RESULTS: Due to the wide variation in the size and shape of the teeth, missing teeth and patient cooperation, the achievement of an ideal result (for example, complete closure of a space) may not be possible. As an example, if one or more of the teeth is undersized, restorative dental treatment, such as esthetic bonding, crowns or bridges or periodontal therapy may be indicated. You are encouraged to ask your Orthodontist and family dentist for information about adjunctive care. Non-ideal results also may be accepted in case of poor cooperation with oral hygiene, elastics, head gear or appointments.

9. ALLERGIES: Occasionally, patients can be allergic to some of the component materials of their orthodontic appliances. This may require a change in treatment plan or discontinuation of treatment prior to completion. Although uncommon, medical management of dental material allergies may be necessary. Be sure to inform the staff of any allergies, especially to latex.

10. INJURY FROM ORTHODONTIC APPLIANCES: Orthodontic appliances are not toys. All patients must avoid activities and foods which might loosen or dislodge parts which could be swallowed or inhaled. Do not remove headgear from tubes without releasing the elastic neck strap first, or it can snap back and injury can result. You should inform your orthodontist of any unusual symptoms or of any loose or broken appliances as soon as they are noticed. Damage to the enamel of a tooth or to a restoration (crown, bonding, veneer, etc.) is possible when orthodontic appliances are removed. This problem may be more likely when esthetic (clear or tooth colored) appliances have been selected. If damage to a tooth or restoration occurs, restoration of the involved tooth/teeth by your dentist may be necessary.

11. FACIAL GROWTH PATTERNS: Unusual skeletal patterns, excessive, insufficient, or undesirable facial growth can compromise the orthodontic results, effect a facial change and cause shifting of the teeth during retention. Surgical assistance may be recommended in these situations.

12. IMPACTED TEETH: In attempting to move impacted teeth (teeth unable to erupt normally), especially canines, various problems can be encountered which may lead to periodontal problems, relapse or loss of teeth. It is possible that *any* tooth may be ankylosed (fused to the jaw bone) before, during or after treatment, and therefore unmovable.

13. ROOT RESORPTION: Shortening of the root ends (root resorption) can occur when teeth are moved during orthodontic treatment. Under healthy conditions, the shortened roots are usually not a problem. Trauma, impaction, endocrine disorders or idiopathic (unknown) reasons also cause this problem. Severe resorption can increase the possibility of premature tooth loss.

14. ORAL or MUSCLE HABITS: Mouth breathing, thumb, finger or lip sucking, tongue thrusting, abnormal swallowing and other unusual habits can prevent teeth from moving to their improved positions or can cause relapses after the braces are removed.

15. NONVITAL OR DEAD TOOTH: A tooth traumatized by a blow or other causes can die over a long period of time with or without orthodontic treatment. This tooth may discolor or flare up during orthodontic movement and require endodontic (root canal) therapy.

16. PERIODONTAL PROBLEMS (GUM DISEASE): This condition can be present before orthodontics or develop during treatment. It could worsen during treatment causing the loss of bone and the recession of the gums around the teeth. A visit to your dentist prior to treatment to evaluate the health of your gums and teeth is recommended. Excellent oral hygiene, frequent cleanings and continual supervision by your Dentist during treatment can help control this situation.

17. TEMPOROMANDIBULAR JOINT (TMJ) PROBLEMS: Possible TMJ (the sliding/hinge joint that moves the lower jaw) problems may develop either before, during or after orthodontic treatment. Tooth alignment or bite improvement may or may not improve tooth related causes of TMJ pains or related symptoms (popping, clicking, restricted opening or pain on opening.) Treatment is difficult, and improvement or resolution cannot be assured.

ORTHODONTIC TREATMENT IS A TEAM EFFORT.....the Orthodontist and the Patient. With maximum effort on both sides, the above listed problems and limitations should be held to an absolute minimum. Never hesitate to ask questions about the progress of treatment. It is your right to know.

ACKNOWLEDGEMENT

I hereby acknowledge that I have read and fully understand the treatment considerations and risks presented in the Informed Consent Agreement. I also understand that there may be other problems that occur less frequently than those presented, and that actual results may differ from the anticipated results. I also acknowledge that I have discussed this form with the undersigned Orthodontist and have been given the opportunity to ask any questions.

I have been asked to make a choice about my/my child's treatment. I hereby consent to the treatment proposed and to the making of diagnostic records, including x-rays, and authorize Eggemeyer & Graham Orthodontics, Ltd. to provide the treatment. I also authorize Eggemeyer & Graham Orthodontics, Ltd. to provide my/my child's health care information to my other health care providers and to use my treatment records for lecturing and teaching, as long as privacy issues are respected.

If my/my child's treatment plan includes a surgical option or additional dental care, I understand that expenses for such surgery or procedure are separate from my orthodontic treatment expenses, and I will be responsible for them. I understand that if I do not complete the surgical option or any other treatment recommendation from Eggemeyer & Graham Orthodontics, Ltd. my/my child's treatment results may be compromised. In such case, I hereby agree not to hold Eggemeyer & Graham Orthodontics, Ltd. liable for any compromised treatment.

Patient Name (please print)

Signature of Patient or Parent/Guardian if Patient is a Minor

Date

Signature of Orthodontist

Date