

SHANNON

ORTHODONTICS
for children and adults

Orthodontic treatment remains an elective procedure with many benefits. Like any other treatment of the body, there are some inherent risks and limitations. These seldom prevent treatment, but should be considered in making the decision to undergo treatment.

DATE _____ CONSENT TO TREAT _____

PREDICTABLE FACTORS THAT CAN AFFECT THE OUTCOME OF ORTHODONTIC TREATMENT:

COOPERATION: In the vast majority of orthodontic cases, significant improvements can be achieved with patient cooperation. Excessive treatment time and/or compromised results can occur from non-cooperation.

CARING FOR APPLIANCES: Poor tooth brushing increases the risk of decay when wearing braces. Excellent oral hygiene, reduction in sugar, being selective in diet, and reporting any loose bands as soon as noticed, will help minimize decay, white spots (decalcification), and gum problems. Routine visits (3-6 months) to your dentist for cleaning and cavity checks are necessary.

WEARING REMOVABLE DEVICES and ELASTICS: These are forces placed on teeth so they will move into their proper positions. The amount of time worn affects result. Wear as instructed! If headgear is detached from the tubes or archwire hooks while the elastic force is engaged, it can snap back and cause injury.

KEEPING APPOINTMENTS: Missed appointments create many scheduling problems and lengthen treatment times.

UNPREDICTABLE FACTORS THAT CAN AFFECT THE OUTCOME OF ORTHODONTIC TREATMENT:

MUSCLE HABITS: Mouth breathing, thumb, finger, or lip sucking, tongue thrusting (abnormal swallowing) and other unusual habits can prevent teeth from moving to their correct position or cause relapse after braces are removed.

FACIAL BONE PATTERNS: Unusual skeletal patterns and insufficient or undesirable facial growth can compromise the dental result, affect a facial change and cause shifting of teeth during retention. Surgical assistance may be recommended in these situations.

POST TREATMENT TOOTH MOVEMENT: Teeth have a tendency to shift or settle after treatment as well as after retention. Some changes are desirable, others are not. Rotations and crowding of the lower anterior teeth or slight space in extraction sites or between the upper centrals are common examples; and should not be considered as need for retreatment.

TEMPOROMANDIBULAR JOINT (TMJ): Patients with malocclusion may have a high potential for Temporo-Mandibular-Joint (T.M.J.) problems, which may become evident before, during or after orthodontic treatment. These may include joint pain, ear pain and/or headaches. Orthodontic treatment may help remove the dental causes of the Temporomandibular Disorder, but not the non-dental causes.

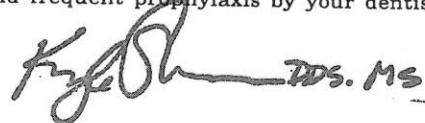
IMPACTED TEETH: In attempting to move impacted teeth (teeth unable to erupt normally), especially cuspids and third molars (wisdom teeth), various problems are sometimes encountered which may lead to periodontal problems, relapse, or loss of teeth.

ROOT RESORPTION: Shortening of root ends can occur when teeth are moved during orthodontic treatment. Under health conditions the shortened roots usually are no problem. Trauma, impaction, endocrine disorders or idiopathic (unknown) reasons also cause this problem. Severe resorption can increase the possibility of premature tooth loss.

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 treatment (root canal).

PERIODONTAL PROBLEMS (gum disease): This condition can be present before or develop during treatment. It could deteriorate during treatment causing loss of bone in/and around teeth. Excellent oral hygiene and frequent prophylaxis by your dentist can help control the situation.

UNUSUAL OCCURRENCES: Swallowing appliances, chipping teeth, dislodging restoration.

 DDS. MS

I CONSENT TO THE TAKING OF PHOTOGRAPHS AND X-RAYS BEFORE, DURING AND AFTER TREATMENT, AND TO THE USE OF SAME BY THE DOCTOR IN SCIENTIFIC PAPERS OR DEMONSTRATIONS.

I CERTIFY THAT I HAVE READ OR HAD READ TO ME THE CONTENTS OF THIS FORM AND DO REALIZE THE RISKS AND LIMITATIONS INVOLVED, AND DO CONSENT TO ORTHODONTIC TREATMENT.

PATIENT

PARENT - GUARDIAN