

Family Smile Center, LLC
5950 Frederick Crossing Lane, Suite 201
Frederick, MD 21704
301-663-9484

INFORMATION AND CONSENT FORM FOR ORTHODONTIC PATIENTS AND PARENTS/GUARDIAN

Patient's Name:

INTRODUCTION

As a rule, desirable orthodontic results can be achieved with informed and cooperative patients. 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.

OUR GOAL

Our goal is to achieve a functional occlusion in every patient. However, in dealing with human beings and problems of growth and development, as well as genetics and patient cooperation, achieving our goal is not always possible. Therefore functionally adequate and esthetically acceptable results must be deemed satisfactory.

ORAL HYGIENE DURING ORTHODONTIC TREATMENT

Proper oral hygiene and plaque removal is a **MUST**. Sugar and between meal snacks should be eliminated, as well as very hard and sticky foods. Decalcification (permanent markings), decay, or gum disease can occur if patients do not brush their teeth properly and thoroughly during the treatment period. It is recommended that all orthodontic patients get routine 6/month examinations and cleanings during treatment. **If necessary, we will advise more frequent cleanings in order to monitor and maintain the patient's home plaque control.**

ROOT CANAL TREATMENT DURING ORTHODONTIC TREATMENT

Discoloration and/or dead teeth are seldom related to orthodontic treatment. On occasion, the nerve of a tooth may become non-vital. A tooth that has been traumatized from a deep filling or even a blow can die over a long period of time with or without orthodontic treatment. A non-vital tooth may flare up during orthodontic movement. Subsequent endodontic (root canal) treatment may be necessary to maintain it.

ROOT RESORPTION DURING ORTHODONTIC TREATMENT

In some cases, the root ends of the teeth may shorten during treatment. This is called root resorption. Under healthy circumstances, the shortened roots are of little disadvantage. However, in the event of gum disease in later life the root resorption could reduce the longevity of the affected teeth. It should be noted that not all root resorption arises from orthodontic treatment. Trauma, cuts, impaction, endocrine, or unknown reason can also cause root resorption.

TMJ AND ORTHODONTIC TREATMENT

There are also some risks that problems may occur in the temporomandibular joint (TMJ). Although this is not common, it is a possibility. Tooth alignment or bite correction may improve tooth-related causes of TMJ pain, but not in all cases. Everyday tensions appear to play a role in the frequency and severity of joint pains.

NATURAL TOOTH MOVEMENT

It is also important to realize that throughout life, tooth position is constantly changing. This is true with all individuals regardless of whether they have had orthodontic treatment or not. Post-orthodontic patients are subject to the same changes that occur in non-orthodontic patients.

RELAPSE AFTER ORTHODONTIC TREATMENT

During the course of treatment, problems are sometimes encountered and perfection is not always possible. This is due to muscular forces, growth, adverse habits, etc. Due to biological changes and the fact that teeth are not set in cement, they have a tendency to rebound to their original position after orthodontic treatment. Very severe problems have a higher tendency to relapse.

RETENTION AFTER ORTHODONTIC TREATMENT

It is, therefore, very important that after orthodontic treatment teeth need some form of retention to stabilize and maintain their positions. It must be emphasized that this office will not be responsible for any relapse occurring after orthodontic treatment due to the patient not wearing the retainer as instructed. If the patient loses the retainer a new one should be purchased as soon as possible to minimize the relapse.

LENGTH OF ORTHODONTIC TREATMENT

The total time for treatment can be delayed beyond our estimate. Lack of facial growth, poor elastic wears, inadequate headgear cooperation, or broken appliances and/or missed appointments are important factor's, which could lengthen treatment time and affect the quality of the result.

HEADGEAR DURING ORTHODONTIC TREATMENT

Headgear instructions must be followed carefully. A headgear that is pulled outward while the elastic is attached-can snap back and result in serious injury to the face or eyes. Be sure to release headgear carefully in the sequence as instructed by our office.

WHAT IS INCLUDED IN THE ORTHODONTIC TREATMENT

The fee that is quoted to you includes the following:

- ** all appliances necessary for completion and retention of treatment (bands, brackets, ligatures, wires):
- ** all visits required for completion of the case:
- ** any major repairs due to normal day to day chewing and wearing:
- ** proper oral hygiene instruction:
- ** proper home care products every six months:
- ** removal of all fixed orthodontic appliances at the completion of treatment:
- ** a prophylaxis (cleaning) on the day of appliance removal:
- ** an examination of teeth on the day of appliance removal:
- ** a fluoride treatment on the day of appliance removal:
- ** final records (panorex, cephalometric x-ray, models, and photos) one month after the removal of appliance.

WHAT IS NOT INCLUDED IN THE ORTHODONTIC TREATMENT

The fee that is quoted to you does not include:

- ** repair of appliances as result of abuse or neglect:
- ** replacement of lost appliances:
- ** excessive visits due to patient's lack of cooperation in the following Dr. Cha's instructions:
- ** all other dental procedures such as routine 6-month check-ups, cleanings, fluoride treatments, x-rays, fillings, extractions, gingival grafting, etc:
- ** additional home care products (such as toothbrushes, etc.) other than those provided semi-annually.

Lets make every effort to do this right. It takes cooperation from everyone – the doctor, and his staff, as well as the patient and his/her family.

We thank you in advance for your cooperation in this matter.

Peter W. Cha, D.D.S.

Family Smile Center, LLC
5950 Frederick Crossing Lane, Suite 201
Frederick, MD 21704
301-663-9484

ORTHODONTIC TREATMENT CONSENT FORM

I understand what the problem is and the reason for the treatment. The alternatives have also been explained to me, one of which is no treatment, and the possible results if nothing is done. I have had the opportunity to ask all questions, which I have, and they have been fully answered to my satisfaction.

I have read and understand the previous pages and consent to treatment.

Signature of Patient or Parent/Guardian Relationship to Patient

Date Witness

Our practice has grown through referrals of friends and loved ones from patients like you. As a token of our appreciation if anyone accepts the ortho treatment that was referred by you, while you or your child is undergoing the orthodontic treatment in our office, we will credit \$50.00 toward your ortho account. So make sure to tell others that you refer to mention your name.

