



RICHARD D. ALSTON

DDS · MSD

Practice Limited to Orthodontics

120 Clinton Court · Rocky Mount · NC 27804
252.451.1010 · fax 252.451.1680

Email: wirebender@aol.com

3503 N. Main Street · Tarboro · NC 27886
252.823.3030

INFORMED CONSENT DOCUMENT

Consent for orthodontic treatment for _____

In the vast majority of orthodontic cases, significant improvements can be achieved. While benefits of a pleasing face, attractive smile and healthy teeth are widely appreciated; orthodontics remains an elective procedure. Orthodontic treatment, like any other treatment of the body, has some inherent limitations. The risks are rarely serious enough to cause avoidance of treatment, but they should be understood and considered before wearing orthodontic appliances.

The following information covers the most commonly encountered treatment risks and limitations. You are encouraged to read this and ask questions. Your individual case will be discussed at the treatment conference and this information will be covered at that time. After you are satisfied with our discussions, please signify your consent to treatment by signing this form. This is standard procedure in our office.

COOPERATION

As a rule, excellent results can be achieved with cooperative patients. Insufficient wear of appliances, headgear or elastics as directed; broken or lost appliances and missed appointments will all cause lack of progress, increased treatment time and compromised results. Attention to proper diet, good brushing and cleaning habits and following instructions will pay off in a timely, quality result.

DECALCIFICATION – DECAY – GUM DISEASE

Permanent tooth discoloration (white marks), cavities, gum inflammation and infection and bone loss can occur if patients do not brush their teeth properly and thoroughly during treatment. Excellent plaque removal and oral hygiene is essential. Sugary foods and between meal snacks must be eliminated. We expect our patients to see their dentist at least twice a year (more if we suggest) for checkups and cleaning.

LOSS OF VITALITY – DEAD TEETH

A tooth that has been injured by a deep restoration or a traumatic blow can flare up or die over a long period of time, with or without orthodontic treatment. This can be treated with root canal therapy. Orthodontic treatment alone rarely causes loss of vitality of teeth.

ROOT RESORPTION

In some cases, the root ends of the teeth are shortened during treatment. Under healthy circumstances, the shortened root ends are no disadvantage and will cause no problems. In the event of supporting bone loss due to periodontal disease, the shortened roots could affect the longevity of the teeth. It should be noted that not all root resorption arises from orthodontic treatment. Shortened roots are also caused by trauma and endocrine disorders.

GROWTH PATTERNS

A person who has grown normally and in average proportions may not continue to do so. Unpredictable, disproportionate facial and jaw growth or uncorrected habits (finger, thumb, tongue) can affect the jaw relation to the point that the original treatment objectives may have to be compromised or modified. Jaw surgery may be required to correct these problems.

IMPACTED TEETH

Teeth that have been unable to normally erupt into the mouth are often very difficult to reposition. The length of time required to move these teeth is variable and unpredictable, often requiring extended treatment. Loss of root structure and periodontal support are often consequences of moving impacted teeth.

TEMPOROMANDIBULAR JOINT (TMJ)

Clicking, popping, locking, pain and limited motion are symptoms of TMJ dysfunction. In most cases, orthodontic treatment neither causes nor cures these problems. Stress, muscular tension, oral habits (grinding and clenching teeth) and general physical makeup are primary factors in TMJ dysfunction as much as the alignment and fit of the teeth. Tooth alignment and bite correction along with control of the other factors can often help in successful management of TMJ symptoms. Most of the population has some degree of TMJ dysfunction and flare-ups can occur during tooth movement. If reported immediately, symptoms that flare-up during orthodontic treatment can be managed.



Member American Association of Orthodontists

INITIALS _____

HEADGEAR

Headgear instruction must be followed carefully. We use a safety release headgear strap, but care must be taken in attaching and removing the headgear. A headgear pulled outward while the elastic force is attached can snap back and injure the patient. Always release the elastic strap before removing the headgear, and never engage in rough play with the headgear.

RELAPSE

Relapse is the natural tendency of teeth to rebound to their original position after orthodontic treatment. Due to continual growth of the face and jaws into adulthood, the teeth will have a tendency to move forever. Rotations and crowding of lower anterior teeth, spacing between the upper front teeth and opening of extraction sites are common examples of relapse. After removal of the appliances, a positioner and retainers are placed to hold the final tooth position. Severely rotated teeth require a surgical procedure to minimize relapse. When retainers are discontinued, some relapse is inevitable; therefore it is not unusual for us to recommend retainers for life. The initial set of retainers are included in the treatment fee. Additional retainers (due to loss or breakage) incur an additional fee.

TOOTH SIZE AND SHAPE

Orthodontic treatment changes the position of the teeth, not the shape, size or color of the teeth. Reshaping the teeth may be necessary during or after treatment to improve the appearance, alignment and fit of the teeth. Bonding or capping the teeth may be necessary in cases of unusually small, misshapen, discolored or missing teeth.

PAIN AND DISCOMFORT

Usually there is a short period of discomfort following appointments. Patient response is variable. In the unlikely event of severe pain or breaking and swallowing an appliance, the orthodontist should be notified immediately.

APPLIANCE REMOVAL

During removal of the appliances, damage to the tooth enamel or existing restorations can occur. This is rare, but may necessitate repair of the tooth by a dentist. After removal of the appliance, the adhesive is removed and the teeth are polished. Occasionally, some of the adhesive is not removed. This will wear off or can be removed later.

TREATMENT TIME

Treatment time varies with the difficulty of the problem, the cooperation of the patient and the individual response to treatment. Poor cooperation, unfavorable growth and missed appointments can lengthen treatment.

DISCONTINUATION OF TREATMENT

If it becomes evident that poor cooperation, missed appointments or unusual problems are prolonging treatment unnecessarily or unfavorably influencing dental health, treatment may be discontinued. Of course, if this ever becomes necessary, it will be thoroughly discussed with you.

Most of these conditions occur rarely. There may be other inherent risks not mentioned – remember, the unexpected can happen. If any of these conditions develop, every effort to address and control them will be made. There is no guarantee of perfect results, but an excellent result can be attained in most cases with appropriate treatment and good cooperation. Let's make every effort to do it right. We want the best possible result for you as well as for us – we want you to feel comfortable in recommending us to your friends.

I understand that there is no guarantee for orthodontic treatment results. I have read this document, discussed the information to my satisfaction and understand the risks and limitations of the proposed plan as well as of alternatives and of no treatment. I consent to the proposed treatment. I also give consent to the use of the orthodontic records (models, photos, radiographs) of my case for scientific demonstration or publication.

Responsible party's signature

Date

Witness

