

Wearside Orthodontic Centre

Patient's Informed Consent and Agreement Regarding Orthodontic Treatment

I understand that treatment of dental conditions pertaining to Orthodontic Treatment (straightening or repositioning of teeth) includes certain risks and potential unsuccessful results. Orthodontic treatment usually proceeds as planned and we intend to do everything possible to achieve the best results for every patient.

Complete co-operation of the patient is essential. The success of your treatment depends upon keeping appointments, maintaining good oral hygiene and avoiding breaking your braces by following the Orthodontists' instructions carefully.

If braces are broken repeatedly or your tooth brushing is not at an acceptable standard, the orthodontist may be forced to discontinue treatment and you will not be able to access this treatment elsewhere on the NHS.

Instructions must be diligently followed. There will be instructions given concerning special oral hygiene measures which must be followed. Also, as treatment progresses, certain additional appliances may be necessary. Instructions will be given as to their care and use which must also be followed exactly. Information and instruction literature will be given via www.bos.org.uk. It is the responsibility of the patient to thoroughly study and understand this material.

Your mouth is very sensitive so you can expect some initial discomfort while you get used to your appliances. You can take non-prescription pain medication during this adjustment period.

Completed orthodontic treatment does not guarantee perfectly straight teeth for the rest of your life. Retainers will be required to keep your teeth in their new straight position, you will need to wear these as instructed or your teeth may relapse toward their original, crooked position. We will ask you to wear your retainers indefinitely. Later in life, most people will see their teeth move and this is a normal part of the ageing process. The consequences of not wearing your retainers as instructed will be your responsibility. The resulting movement of your teeth if you lose or break your retainers, fail to inform us immediately that you are having problems or have lost your retainers, will be your responsibility.

Some cases will require the removal (extractions) of deciduous and/or permanent teeth. There are additional risks associated with these extractions which you must discuss with your dentist or oral surgeon prior to any procedure.

Decalcification (permanent markings on the teeth), decay, and/or gum disease can occur if teeth are not brushed properly and thoroughly during the treatment period. Sweets and between meal snacks must be eliminated. If desired results are to be achieved, this is absolutely necessary. Continuing check-ups and dental care from the patient's general dentist during the course of treatment is essential.

Teeth may become non-vital. This is always a possibility, with or without orthodontic treatment. Trauma from a blow or deep fillings for example, may cause the nerve tissue in a tooth to die. This can happen over a long period of time. Even though this problem may exist, it may be undetectable at the beginning of orthodontic treatment but, through tooth movement,

it may exhibit itself. Root canal treatment may then become necessary in order to preserve the tooth or teeth.

Root Resorption is a condition where roots may become shortened during treatment. Under healthy conditions, this is no serious disadvantage. However, if gum disease occurs in later life, the longevity of the teeth could be compromised. Other conditions can cause root resorption such as trauma, impaction, endocrine disorders, or idiopathic (unknown) reasons.

Temporomandibular joint (TMJ) dysfunction can occur before, during or after orthodontic treatment and it has been shown that the development of such jaw problems is independent of brace treatment. Jaw damage often begins long before orthodontic treatment but because of the subtle changes in the bite through treatment, symptoms of this damage (such as clicking, popping, crackling, pain, headaches etc), may then become evident even if there were no apparent symptoms previously. Should such symptoms occur, it may be necessary for the patient to be referred to a TMJ specialist.

Loosened or damaged orthodontic appliances can be inhaled or swallowed. This is why it is imperative for you to care for your braces. Please inform us of any damage to your appliances and we will assess if you need to be seen straight away or if this breakage can wait until your next appointment.

Teeth may be impacted (trapped beneath the bone), ankylosed (fused to the bone) or may just not grow. This is often for no apparent reason and cannot be anticipated. Treatment of these conditions depends on the position of the teeth and which tooth is involved. Treatment will either be extraction or surgical exposure of the affected tooth.

At the end of treatment, some minor imperfections may exist in the way your teeth bite together. This will likely settle or may need small adjustment of the biting surfaces of your teeth (occlusal adjustment) to fine tune your bite.

Tobacco smoking or chewing tobacco has been shown to increase the risk of gum disease and also interferes with the normal healing process after surgery or extraction. Tobacco users are also more prone to oral cancer, gum recession and delayed tooth movement during treatment with braces. If you use tobacco, you must consider the consequence on your orthodontic treatment as well as your general health.

INFORMED CONSENT

I hereby acknowledge that I have read and fully understood the treatment considerations and risks presented in this document. I understand that there may be other problems that occur infrequently and also that actual results may differ from those anticipated. I acknowledge that I have been given the opportunity to ask questions.

I consent to the treatment proposed and authorise Wearside Orthodontic Centre to provide my treatment.

I understand that retention is for life and is the responsibility of the patient. I have read and understood the section on complete co-operation.

I consent to the making of diagnostic records including x-rays and photographs before, during and after my orthodontic treatment. I consent to the records being used for educational and marketing purposes. I consent to records which may include x-rays and photographs, being

sent via email to your general dentist or any other dental or medical personnel relating to your treatment.

I have been given the opportunity to ask questions regarding this treatment.

Signature: _____ Date: _____

Name(please print) _____ DOB: _____

Name of patient (if under 16 years) please print: _____

Relationship to patient (if under 16 years) please print: _____

Signature of Treatment Co-Ordinator: _____