



Patient Name: _____

INFORMED CONSENT FOR ORTHODONTIC TREATMENT

Successful orthodontic treatment is a partnership between the orthodontist and the patient. Dr. Eric Nordberg and staff are dedicated to achieving the best possible result for each patient. As a general rule, informed and cooperative patients can achieve positive orthodontic results. While recognizing the benefits of a beautiful healthy smile, you should also be aware that, as with all healing arts, orthodontic treatment has limitations and potential risks. These are seldom serious enough to indicate that you should not have treatment; however, all patients should seriously consider the option of no orthodontic treatment at all by accepting their present oral condition.

Results of Treatment

Orthodontic Treatment usually proceeds as planned and we intend to do everything possible to achieve the best results for every patient. However, we cannot guarantee that you will be completely satisfied with your results, nor can all complications or consequences be anticipated. The success of treatment depends on your cooperation in keeping appointments, maintaining good oral hygiene, avoiding loose or broken appliances, and following the orthodontist's instructions carefully.

Length of Treatment

The length of treatment depends on a number of issues, including the severity of the problem, the patient's growth and the level of patient cooperation. The actual treatment time is usually close to the estimated treatment time, but treatment may be lengthened if, for example, unanticipated growth occurs, if there are habits affecting dentofacial structures, if periodontal or other dental problems occur, or if patient cooperation is not adequate. Therefore, changes in the original treatment plan may become necessary. ***If treatment time is extended beyond the original estimate, additional fees may apply.***

Discomfort

The mouth is very sensitive so you can expect an adjustment period and some discomfort due to the placement of orthodontic appliances. Non-prescription pain medication can be used to reduce and/or alleviate your discomfort if necessary.

Relapse

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 positions as a result of your orthodontic treatment. You must wear your retainers as instructed or teeth may shift, in addition to other adverse effects. Regular retainer wear is necessary following your orthodontic treatment. Habits such as tongue thrusting and mouth breathing as well as growth and maturation can cause changes over time. Some of these changes may need to be rectified by additional orthodontic treatment in the future or accepted as part of life.

Extractions

Some cases will require the removal of deciduous (baby) teeth or even permanent teeth. There are additional risks and fees associated with the removal of teeth which should be discussed with your general dentist or oral surgeon prior to the procedure.

Orthognathic Surgery

Some patients have significant skeletal disharmonies which require orthodontic treatment in conjunction with orthognathic surgery. There are additional risks and fees associated with this surgery which should be discussed with your oral and/or maxillofacial surgeon prior to beginning orthodontic treatment. Please be aware that orthodontic treatment prior to orthognathic surgery often only aligns the teeth within the arches. Therefore, patients discontinuing orthodontic treatment without completing the planned surgical procedure(s) may have a malocclusion that is worse than when they started.

Decalcification and Dental Caries

Excellent oral hygiene is essential during orthodontic treatment as are regular visits to your general dentist. Inadequate hygiene could result in cavities, discolored teeth, periodontal disease and/or decalcification. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing orthodontic appliances. An individual may be at even greater risk if they have not had the benefit of fluoridated water or if they consume sweetened beverages or foods.

Root Resorption

The roots of some patients' teeth become shorter (resorption) during orthodontic treatment. It is not known exactly what causes root resorption, nor is it possible to predict which patients will experience it. However, many patients have retained teeth throughout life with severely shortened roots. If resorption is detected during orthodontic treatment, your orthodontist may recommend a pause in treatment or the removal of the appliances prior to the completion of orthodontic treatment.

Nerve Damage

A tooth that has been traumatized by an accident or deep decay may have experienced damage to the nerve of the root. Orthodontic tooth movement may aggravate this condition. In some cases, root canal treatment may be necessary. In severe cases, the tooth or teeth may be lost.

Periodontal Disease

Periodontal (gum and bone) disease can develop or worsen during orthodontic treatment due to many factors, but most often due to the lack of adequate oral hygiene. You must have your general dentist, or if indicated, a periodontist monitor your periodontal health during orthodontic treatment every three to six months. If

periodontal problems cannot be controlled, orthodontic treatment may have to be discontinued prior to completion.

Injury from Orthodontic Appliances

Activities or foods which could damage, loosen or dislodge orthodontic appliances need to be avoided. Loosened or damaged orthodontic appliances can be inhaled or swallowed or could cause other damage to the patient. 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 the 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 general dentist may be necessary.

Temporomandibular Joint (TMJ) Dysfunction

Problems may occur in the jaw joints causing pain, headaches or ear problems. Many factors can affect the health of the jaw joints, including past trauma (blows to the head or face), arthritis, hereditary tendency to jaw joint problems, excessive tooth grinding or clenching, poorly balanced bite, and many medical conditions. Jaw joint problems may occur with or without orthodontic treatment. Any jaw joint symptoms, including pain, jaw popping or difficulty opening or closing, should be promptly reported to the orthodontist. Treatment by other medical or dental specialists may be necessary.

Impacted, Ankylosed, Unerupted Teeth

Teeth may become impacted (trapped below the bone or gums), ankylosed (fused to the bone), or just fail to erupt. Oftentimes, these conditions occur for no apparent reason and generally cannot be anticipated. Treatment of these conditions depends on the particular circumstance and the overall importance of the involved tooth, and may require extraction, surgical exposure, surgical transplantation or prosthetic replacement.

Occlusal Adjustment

You can expect minimal imperfections in the way your teeth come together following the end of treatment. An occlusal equilibration procedure may be necessary, which is a grinding method used to fine-tune the occlusion. It may also be necessary to remove a small amount of enamel in between the teeth, thereby "flattening" surfaces in order to reduce the possibility of a relapse.

Non-Ideal Results

Due to the wide variation in the size and shape of teeth, missing teeth, etc., achievement of an ideal result (for example, complete closure of a space) may not be possible. Restorative dental treatment, such as esthetic bonding, crowns or bridges or periodontal therapy, may be indicated. You are encouraged to ask your general dentist and orthodontist about adjunctive care.

Third Molars

As third molars (wisdom teeth) develop, your teeth may change alignment. Your general dentist and/or orthodontist should monitor them in order to determine when and if the third molars should be removed.

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 very uncommon, medical management of dental material allergies may be necessary.

General Health Problems

General health problems such as bone, blood or endocrine disorders, and many prescription and non-prescription medications (including bisphosphonates) can affect your orthodontic treatment. It is imperative that you inform your orthodontist of any changes in your general health status.

Use of Tobacco Products

Smoking or chewing tobacco has been shown to increase the risk of gum disease and interferes with healing after oral surgery. Tobacco users are also more prone to oral cancer, gum recession, and delayed tooth movement during orthodontic treatment. If you use tobacco, you must carefully consider the possibility of a compromised orthodontic result.

Temporary Anchorage Devices (TADs)

Your treatment may include the use of TADs (i.e. metal screw or plate attached to the bone.) There are specific risks associated with them.

It is possible that the screw(s) could become loose which would require its/their removal and possibly relocation or replacement with a larger screw. The screw and related material may be accidentally swallowed. If the device cannot be stabilized for an adequate length of time, an alternate treatment plan may be necessary.

It is possible that the tissue around the device could become inflamed or infected, or the soft tissue could grow over the device, which could require its removal, surgical excision of the tissue and/or the use of antibiotics or antimicrobial rinses.

It is possible that the screws could break (i.e. upon insertion or removal.) If this occurs, the broken piece may be left in your mouth or may be surgically removed. This may require referral to another dental specialist.

When inserting the device(s), it is possible to damage the root of a tooth, a nerve, or to perforate the maxillary sinus. Usually these problems are not significant; however, additional dental or medical treatment may be necessary.

Local anesthetic may be used when these devices are inserted or removed, which also has risks. Please advise the doctor placing the device if you have had any difficulties with dental anesthetics in the past.

If any of the complications mentioned above do occur, a referral may be necessary to your general dentist or another dental or medical specialist for further treatment. Fees for those services are not included in the cost for orthodontic treatment.

Patient/Parent/Guardian Initials

Acknowledgement

I hereby acknowledge that I have read and fully understand the treatment considerations and risks presented. 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 been given the opportunity to discuss any concerns I have with Dr. Eric Nordberg and/or his staff

regarding orthodontic treatment and its risks and I have chosen to pursue orthodontic treatment. I authorize Dr. Eric Nordberg and his staff to provide the orthodontic treatment that was previously presented. I understand that my treatment fee covers only treatment provided by Dr. Eric Nordberg and that treatment provided by other health care professionals is not included in the fee of my orthodontic treatment.

Signature of Patient/Parent or Guardian _____ Date _____

Consent to Undergo Orthodontic Treatment

I hereby consent to the making of diagnostic records, including x-rays, before, during and following orthodontic treatment, and to Dr. Eric Nordberg and his staff providing the prescribed orthodontic treatment. I fully understand all of the risks associated with the treatment.

Signature of Patient/Parent or Guardian _____ Date _____

Authorization for Release of Patient Information

I hereby authorize Dr. Eric Nordberg and his staff to provide other health care providers with information regarding the above individual's orthodontic care as deemed appropriate. I understand that once released, Dr. Eric Nordberg and his staff have no responsibility for any further release by the individual receiving this information.

Signature of Patient/Parent or Guardian _____ Date _____

Consent to Use of Records

I hereby give my permission for the use of orthodontic records, including (but not limited to) photographs, made in the process of examinations, treatment, and retention for purposes of professional consultations, research, education, or publication in professional journals.

Signature of Patient/Parent or Guardian _____ Date _____