

Orthodontic Treatment Informed Consent

Patient Name: _____

As a rule, excellent orthodontic results can be achieved with informed and cooperative patients. Thus, the following information is supplied to anyone considering orthodontic treatment in our office. While recognizing the benefits of a pleasant smile and healthy teeth, you should also be aware that orthodontic treatment has some risks and limitations. These seldom are enough to contraindicate treatment, but should be considered in making the decision to undergo orthodontic treatment.

1. Immaculate oral hygiene is a must during orthodontic treatment. Failure to brush and floss thoroughly at least three times a day may result in decalcifications (permanent white markings on teeth), decay or gum disease. Foods containing sugars and between meal snacks should be eliminated.
2. A non-vital ("dead") tooth is a possibility on rare occasions. An undetected non-vital tooth may flare up during orthodontic treatment, necessitating root canal therapy.
3. In rare cases, canker sores or allergic reactions are also a possibility.
4. Root resorption can occur in some cases. This is a shortening of the ends of the roots of the teeth. Normally, the shortened roots are not a disadvantage. However, should this patient experience gum disease in later years, severely shortened roots may reduce the longevity of the affected teeth. It should be noted that there are other causes for root resorption as well. It can be a result of trauma, cuts, impactions, endocrine disorders or unknown causes.
5. If an appliance becomes loose, the patient must report to the office as soon as possible, otherwise the possibility for a cavity exists. Although rare, it is possible for an appliance/s to be swallowed or inhaled. A swallowed appliance may have to be surgically removed, and an inhaled appliance may lead to respiratory arrest and death.
6. Problems with accompanying pain in the Temporomandibular joint (TMJ) may be experienced prior, during or after orthodontic treatment. Usually multiple factors cause this condition, including tension and emotional factors. In many cases orthodontic treatment is indicated and recommended to correct TMJ disorders, but not in all cases. There is also a possibility to experience some TMJ symptoms during or after treatment due to the changes in bite relation. Some functional and orthopedic appliances that are utilized during our treatments are very useful in the treatment and prevention of this condition.
7. Occasionally during treatment some enamel reduction between teeth may be necessary to make room for proper alignment. This reduction seldom represents a problem with enamel integrity or causes any increase in the number of cavities, though as an additional precaution, we may apply fluoride to the teeth surface after the enamel reduction is done.

8. Occasionally, treatment objectives may have to be compromised. If growth in either of the jaws becomes disproportionate, the jaw relationship may be affected. This skeletal growth disharmony is genetically coded and beyond our control. It may also become necessary to stop orthodontic treatment short of the desired final result if non-compliance with oral hygiene maintenance causes extensive decay or severe gum disease. In either case, it will be discussed thoroughly with the patient and/or parent before treatment is discontinued.
9. Teeth have a tendency to relapse toward their original position following active orthodontic treatment. Full cooperation in wearing retainers is necessary to reduce this tendency. When retainer use is discontinued, some relapse is still possible. It is also important that patients keep their follow up appointments to ensure the best results possible.
10. The total time of treatment may extend beyond our original estimate. Lack of facial growth, delayed tooth eruption, poor patient compliance, broken or loose appliances, and missed appointments are all factors that will lengthen the time of treatment.
11. Regular cleanings and check-ups at six months intervals or more frequently, if needed, will still be necessary to maintain the teeth and gums in good health.

Dr. Medina-Rivera is a General Dentist with a General Practice Residency (GPR) post graduate certificate. Although her practice is dedicated exclusively to orthodontics, she is not an orthodontic specialist. She has taken extensive continued education programs in functional orthodontics, facial orthopedics, TMJ disorders, orofacial myology and myofunctional orthodontics, among others. She has been a member of the Academy of General Dentistry, the International Association for Orthodontics and the International Association of Orofacial Myology. Dr. Medina is currently a fellow and certified senior instructor of the International Association of Orthodontics, and a member of the Institute of Functional Medicine. She also participates in clinical research.

I acknowledge that I have been informed to my satisfaction of all treatment risks and benefits, risks of non-treatment, and understand the proposed treatment plan. I have read and understand this document and hereby give consent to the orthodontic treatment recommended by Dr. Medina.

Patient or Parent/Guardian Signature

Date

Patient or Parent/Guardian Printed Name

Date

Dr. Judith Medina-Rivera, DMD

Date

