

ASSOCIATED ORTHODONTISTS OF INDIANA, INC.

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GENERAL INFORMATION/CONSENT FOR ORTHODONTIC TREATMENT

Patient Name

ORTHODONTIC TREATMENT IS THE SPECIALTY OF DENTISTRY CONCERNED WITH THE ALIGNMENT OF THE TEETH TO ENHANCE THE FUNCTION AND APPEARANCE OF THE FACE, TEETH AND JAW FUNCTION AND BALANCE. THE FOLLOWING INFORMATION IS OF VALUE TO PATIENTS CONSIDERING ORTHODONTIC TREATMENT. 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. WE STRIVE TO OBTAIN THE BEST ORTHODONTIC RESULT WE CAN FOR EACH INDIVIDUAL PATIENT. THERE ARE A NUMBER OF FACTORS THAT CAN INFLUENCE THE ORTHODONTIC TREATMENT AND LIMIT RESULTS AND SHOULD BE REVIEWED BY EACH PATIENT.

PATIENT COOPERATION: The total time for orthodontic treatment may be delayed if elastic wear or headgear cooperation is not consistent. Broken appliances and missed appointments are also among the important factors which could lengthen treatment time and affect the quality of the result.

GROWTH PATTERNS: Occasionally a patient's lower facial growth becomes disproportionate. The jaw relation can be affected and original treatment objectives may have to be redirected. Skeletal growth is a biological process beyond the orthodontist's control. For a more optimal result, jaw surgery may be recommended.

POST-TREATMENT TOOTH MOVEMENT: Throughout life, tooth position and facial changes occur. This is true with all individuals regardless of whether they have had orthodontic treatment or not. Post-orthodontic patients are subject to the same subtle changes that occur in non-orthodontic patients. In late teens or early twenties, patients may notice slight irregularities developing in the front teeth. This is particularly true if their teeth were extremely crowded prior to treatment. Rotation and crowding of the lower anterior teeth are the most common examples. Tooth movement may especially occur in patients who develop gum disease, hormonal changes, and jaw joint dysfunctions.

DECALCIFICATION: Decalcification (permanent white markings), decay and soft tissue inflammation can occur if patients do not brush their teeth properly and regularly during the treatment period. Excellent oral hygiene and plaque removal is a must. Sugars and between meal snacks should be held to a minimum or eliminated.

NON-VITAL TEETH: (Loss of nerve supply or vascular changes) On rare occasions, the nerve of a tooth may become non-vital. A tooth that has been traumatized from a deep filling or even a minor blow can die over a long period of time with or without orthodontic treatment. An undetected non-vital tooth may flare up during orthodontic movement requiring endodontic (root canal) treatment to maintain it.

IMPACTED TEETH: In attempting to correct impacted teeth, especially canines, various problems are sometimes encountered which may lead to loss or damage of the tooth, damage to adjacent teeth, and periodontal problems.

ROOT RESORPTION: The tooth tips of teeth may become shortened during treatment. This is called root resorption. Under healthy circumstances, the shortened roots are no disadvantage. However, in the event of gum disease in later life, root resorption could reduce the longevity of affected teeth. It should be noted that not all resorption arises from orthodontic treatment. Trauma, ectopic eruption of adjacent teeth, impaction, hormone disorders and idiopathic (unknown) reasons can also cause root resorption.

TEMPOROMANDIBULAR JOINT PROBLEMS (TMJ): Clicking, popping, locking, pain, limited mobility or degenerative arthritic changes are the more typical joint problems. Trauma, physical and emotional stress, together with poor habits such as gum chewing and poor body posture may predispose to, and exacerbate joint problems. Individuals may experience these symptoms throughout life with or without orthodontic treatment. Once in a while, a patient may exhibit some of these symptoms during the period of orthodontic movement. These will usually disappear. If, however, these symptoms persist, then specific evaluations of joint function maybe recommended. This may necessitate taking a specific jaw joint diagnostic x-rays such as tomograms. The formulation of a specific treatment plan to address the joint condition would be indicated. Such treatment may include the placement of an occlusal splint, medication, physical therapy or other treatment modalities including joint surgery. Depending upon the condition of the joints, this may necessitate a change in the original orthodontic treatment plan and could thereby modify or otherwise limit the projected outcome and length of such a plan.

HEADGEAR: Headgear instructions must be followed carefully. If the headgear is pulled outward while the elastic force is attached to arms it may snap back and poke the face or eye. The elastic force must be released before removing the headgear from the patient's mouth.

UNUSUAL OCCURRENCES: There are occurrences, though rare, such as chipping a tooth, swallowing an appliance, dislodging or losing a crown or filling, a tooth perhaps fused to the surrounding bone or an abscess or cyst may also be detected.

ENAMEL REDUCTION: Reshaping of teeth before or after treatment may be suggested to provide room for alignment, improve appearance and optimize fit and stability. This reduction seldom presents a problem with enamel integrity or susceptibility to decay and gum disease.

TOOTH SIZE DISCREPANCY: If minor spacing occurs after orthodontic treatment because of small or asymmetric tooth size and shape, plastic build-up may be suggested for appearance and stability. Such build-ups or re-contouring of the teeth would be performed by your family dentist and is not a covered expense in conjunction with the orthodontic treatment.

CERAMIC BRACKETS: Patients wearing ceramic brackets may experience a greater incidence of bracket breakage and damage to the teeth including tooth wear, enamel flaking on debonding, and enamel fracturing. There are risks that may occur even with special care.

DEBANDING PROCEDURES: During removal of the braces, it may not always be possible to remove the entire adhesive initially. Any remaining adhesive will usually wear away. Removal of ceramic bracket may fracture enamel even when appropriate care is exercised and may require bonding to restore any defects that may be created. This seldom is a problem, but you must be aware of the remote possibility particularly if your teeth may be genetically malformed. The minor occurrence of enamel fracture is seldom enough to contraindicate orthodontic treatment. Repairs are not a covered expense in the orthodontic treatment.

PERIODIC X-RAYS: During the period of active orthodontic treatment it may be necessary to take additional x-rays of the teeth, jaws or articulating joint, in order to monitor treatment progress.

PERIODONTAL PROBLEMS- Gum inflammation, bleeding, and periodontal disease: Swollen, inflamed and bleeding gums can usually be prevented by proper and regular flossing and brushing. Periodontal disease can be caused by an accumulation of plaque and debris around the teeth and gums, but there are several unknown causes that can lead to progressive loss of supporting bone and recession of the gums. Should the condition become uncontrollable, orthodontic treatment may have to be discontinued short of completion. This would be rare. Usually it occurs in adults with a pre-existing periodontal problem.

RETENTION: Retainers, either removable or bonded (fixed) to the teeth, are used to control and hold the teeth in their new position while function and surrounding bone adapt. Retention is an extremely important part of the overall orthodontic treatment plan. Failure to wear retainers as directed may result in unwanted or undesirable tooth movement. If this should occur to a significant extent, further orthodontic treatment with the reapplication of fixed or removable appliances may be recommended. If the initial treatment plan includes retention, the treatment fee would include the initial retainer(s) and the first 12 months of retainer adjustments. When retainer (s) need to be replaced due to loss, broken or damaged in any way, there will be a fee for a replacement retainer. Following the retention period, there will be a standard office charge for any further appointments.

TREATMENT TIME/EXTENDED TREATMENT: This time varies with the difficulty of the problem, patient's growth, cooperation of the patient and the individual physiological response to the treatment. The total treatment time is based on the averages displayed by other patients with similar problems. For some patients with limited problems, treatment time may be only a matter of a few months, whereas for other patients with severe problems, treatment time may last several years. If treatment is delayed or extended beyond that which initially contemplated, additional fees may be assessed and will be the responsibility of the patient/parent.

ADDITIONAL FEES AND CHARGES: Patients will be assessed \$25.00 fee for failure to attend confirmed appointments. Patients will be assessed reasonable costs and fees that are associated with excessive appliance breakage or replacement that may or may not be brought about the actions of the patient. These fees and charges will be due at the time services are rendered. These fees may be adjusted to reflect annual increases however, we will endeavor to minimize those increases.

DISCONTINUATION OF TREATMENT: If it becomes evident that 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.

DENTAL CHECK-UPS: All necessary dental treatment should be completed prior to our starting orthodontic treatment. It is vital that the patient continue to have regular examinations with their family dentist at least every six months during the treatment period. At that time, the teeth need to be cleaned and checked for cavities.

AUTHORIZATION TO SHARE HEALTHCARE INFORMATION WITH OTHER PROVIDERS: By signing this document, I hereby authorized Associated Orthodontists of Indiana, Inc. and their agents to share healthcare information, verbally, through written materials, or via electronic transmission with other healthcare providers. This can include the patient's dentist, physician, other healthcare providers, and/or any insurance providers and can include any information related to the treatment of the patient during their orthodontic treatment. This authorization will be valid until such time that it is revoked and in writing.

I consent to the taking of photographs and x-rays before, during and after treatment and to the use of same by the doctors in scientific papers or demonstrations. I certify that I have read and do realize the risks and limitations involved and do consent to orthodontic treatment by the employees of Associated Orthodontists of Indiana, Inc. I further certify that if I am signing on behalf of a minor, I am a parent or guardian of the patient with the legal right to consent for his/her dental care.

Patient, Parent or Guardian Signature

Date

Printed Name of Patient, Parent or Guardian