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Canadian
 Association of
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CONSENT

_____ for orthodontic treatment of _____
 DATE

Orthodontic treatment remains an elective procedure. It, like any other treatment of the body, has some inherent risk and limitations. These seldom prevent treatment, but should be considered in making the decision to undergo treatment.

PREDICTABLE FACTORS THAT CAN AFFECT THE OUTCOME OF ORTHODONTIC TREATMENT:

COOPERATION: *In the vast majority of orthodontic cases, significant improvements can be achieved with patient cooperation. Excessive treatment time and/or compromised results can occur from non-cooperation.*

CARING for APPLIANCES - Poor tooth brushing increases the risk of decay when wearing braces. Excellent oral hygiene, reduction in sugar, being selective in diet, and reporting any loose bands as soon as noticed, will help minimize decay, white spots (decalcification), and gum problems. Routine visits (3-6 months) to your dentist for cleaning and cavity checks are necessary.

WEARING RETRACTOR (headgear) and ELASTICS - These are forces placed on teeth so they will move into their proper positions. The amount of time worn affects results. Wear as instructed! If headgear is detached from the tubes or archwire hooks while the elastic force is engaged, it can snap back and cause injury.

KEEPING APPOINTMENTS - Missed appointments create many scheduling problems and lengthen treatment time.

UNPREDICTABLE FACTORS THAT CAN AFFECT THE OUTCOME OF ORTHODONTIC TREATMENT:

MUSCLE HABITS - Mouth breathing, thumb, finger, or lip sucking, tongue thrusting (abnormal swallowing) and other unusual habits can prevent the teeth from moving to their corrected positions or relapse after braces are removed.

FACIAL GROWTH PATTERNS - Unusual skeletal patterns and insufficient or undesirable facial growth can compromise the dental results, affect a facial change and cause shifting of teeth during retention. Surgical assistance may be recommended in these situations.

POST TREATMENT TOOTH MOVEMENT - Teeth have a tendency to shift or settle after treatment as well as after retention. Some changes are desirable, others are not. Rotations and crowding of the lower anterior teeth or slight space in the extraction site or between the upper centrals are common examples.

TEMPOROMANDIBULAR PROBLEMS (TM) - Possible TM problems may develop with this sliding joint on which the lower jaw moves either before, during or after orthodontic treatment. Tooth position, bite or non-symptomatic, pre-existing TM problems can be a factor in this condition. An equilibration (selective smoothing or reshaping the tooth) or other special treatment may be recommended by your dentist to improve occlusal or joint relationship.

IMPACTED TEETH - In attempting to move impacted teeth (teeth unable to erupt normally), especially cuspids and third molars (wisdom teeth), various problems are sometimes encountered which may lead to periodontal problems, relapse, or loss of teeth.

ROOT RESORPTION - Shortening of root ends can occur when teeth are moved during orthodontic treatment. Under healthy conditions the shortened roots usually are no problem. Trauma, impaction, endocrine disorders or idiopathic (unknown) reasons also cause this problem. Severe resorption can increase the possibility of premature tooth loss.

NONVITAL or DEAD TOOTH - A tooth traumatized by a blow or other causes can die over a long period of time with or without orthodontic treatment. This tooth may discolor or flare up during orthodontic movement and require endodontic treatment - (root canal).

PERIODONTAL PROBLEMS (gum disease) - This condition can be present before or develop during treatment. It could deteriorate during treatment causing loss of bone around the teeth. Excellent oral hygiene and frequent prophylaxis by your dentist can help control this situation.

UNUSUAL OCCURRENCES - Swallowing appliances, chipping teeth, dislodging restorations.

I CONSENT TO THE TAKING OF PHOTOGRAPHS AND X-RAYS BEFORE DURING AND AFTER TREATMENT, AND TO THE USE OF SAME BY THE DOCTOR IN SCIENTIFIC PAPERS OR DEMONSTRATIONS.

I CERTIFY THAT I HAVE READ OR HAVE HAD READ TO ME THE CONTENTS OF THIS FORM AND DO REALIZE THE RISKS AND LIMITATIONS INVOLVED, AND DO CONSENT TO ORTHODONTIC TREATMENT.

 PATIENT

 PARENT - GUARDIAN

 WITNESS