

Orthodontic Treatment Consent

Please read this form (front & back).

Electronic consent must be signed before beginning
orthodontic treatment.

(Copy available for your records)

I request and authorize Dr. Gellerman/Sokolina and/or associates or assistants of his/her choice to perform the orthodontic treatment. I further request and authorize the taking of oral-dental x-rays, impressions for dental casts, photographs, and the use of such anesthetics as may be considered necessary or advisable by Dr. Gellerman/Sokolina to diagnose and/or treat my/the patient's dental problem(s).

I have had explained to me, and I have had sufficient opportunity to discuss my/the patient's dental condition, the treatment procedure(s), and the benefits to be reasonably expected from this treatment, compared to alternative approaches and/or no treatment. I understand that generally, successful orthodontic care can be carried out with informed and cooperative patients. I am aware that orthodontic treatment, like treatment to any part of the body, has some risks and limitations. These are seldom, severe or frequent enough to offset the advantages of treatment, but they should be considered in making the decision to undergo orthodontics. Specifically:

- a. The mouth is sensitive to changes and the introduction of any appliance means that a period of adjustment is necessary. There may be some discomfort associated with orthodontic treatment. This usually can be resolved by using an over-the-counter non-aspirin pain medication.
- b. Tooth decay, gum disease, and decalcification (permanent markings on the teeth) may occur if patients do not brush their teeth regularly and properly. Excellent oral hygiene is a must. Sugars and between meal snacks should be eliminated, as well as hard and sticky foods because they can loosen, break and bend appliances.
- c. A tooth that has been traumatized by a blow or a large filling may require endodontics (root canal treatment) when it is moved with orthodontic appliances. Sometimes a tooth may already have a non-vital pulp (nerve) and orthodontic movement may make the need for endodontic therapy (root canal treatment) necessary.
- d. In some cases, the length of the roots of some teeth may be shortened during orthodontic treatment. Usually this is of no consequence, but on occasion, this shortening may reduce the support for the teeth resulting in a loosening of the teeth, and may result in the loss of the teeth involved. Teeth that have had traumatic injury are considered more susceptible to root shortening.
- e. Teeth have a tendency to return to their original position after orthodontic treatment. Throughout life, tooth position is constantly changing. This is true for all individuals

regardless of whether they had orthodontic therapy or not. A common site for these changes is the lower front teeth and some shifting movement in this area should be expected after treatment ends. To compensate for this, the orthodontist may move the teeth slightly beyond their desired final position. Faithful wearing of retainers will help reduce post treatment changes.

f. Impacted and unerupted teeth can cause problems during treatment, including loss of the teeth, gum problems, shortening of the roots, and ankylosis (fusion to the bone). The length of time to move impacted and unerupted teeth can vary considerably.

g. Occasionally, growth of the jaws becomes disproportionate, changing the relationship of the upper jaw to the lower jaw. In some cases, surgery or additional orthodontic treatment may be needed to correct this disproportionate growth.

h. There is a risk that problems may occur in the temporomandibular joints (TMJ) located just in front of the ears. Orthodontic treatment can improve dental causes of TMJ pain, but not in all cases. While moving the teeth to new positions, the jaws may be uncomfortable for awhile. In some patients, correction of the orthodontic problems may make other problems inside the jaw joint itself more noticeable. This may mean treatment by an oral surgeon or another specialist could be needed.

i. There have been injuries to patients wearing headgear as a result of accidents, "horseplay", and/or improper removal of headgear. I understand that I/the patient should not wear the headgear outside the house without the specific direction of the orthodontist, and I must ensure to release the elastic force before removing the headgear from the teeth.

j. It is essential that the patient maintain regular dental examinations during the orthodontic treatment period.

k. There are occasions when it is difficult to accurately predict the length of treatment time, so the orthodontist gives a best estimate. In some cases, treatment time may take longer because of more or less growth than expected. Sometimes, it may be caused by poor cooperation by the patient. Broken appliances and missed treatment appointments may also be important factors in slowing down treatment progress and may affect the quality of the final result.

For purpose of advancing medical-dental education, I give permission for Dr. Gellerman/Sokolina to make and use any records including x-rays, dental casts, x-ray tracings, and photographs of me/the patient for diagnostic, scientific, educational, or research purposes. I understand that orthodontics is not an exact science and acknowledge that no guarantees have been made to me regarding the results of orthodontic treatment.

All of my questions have been answered to my satisfaction, and I consent to the orthodontic treatment and procedures prescribed for me/the patient. I confirm that I have read this form, or it was read to me, and that all blanks were filled in and all inapplicable paragraphs, if any, were crossed out before I signed.