



ORTHODONTIC INFORMED CONSENT FOR: _____ **to receive orthodontic treatment by Dr. Benson and her team.**

The following information is routinely provided to anyone considering orthodontic treatment in our office. While recognizing benefits of a pleasing smile and healthy teeth, you should also be aware that orthodontic treatment, just as any treatment of the body, had inherent risk and limitations.

These potential complications are seldom sufficient to rule out treatment but should be considered when deciding whether to proceed. Please note that that it is impossible to list every possible circumstance but the following represents our best estimate of the information you need.

ROOT RESTORATION- In a few cases, the ends of some of the teeth are shortened during treatment. In the event of the subsequent gum disease, this shortening could reduce the longevity of affected teeth. Under healthy circumstances, the shortened teeth suffer no disadvantage.

DECALCIFICATION, DECAY OR GUM DISEASE – These problems may occur if the patient does not cooperate with proper brushing and flossing. Additionally, maintaining proper dietary control is essential, especially by minimizing the intake of sugar.

TREATMENT TIME- Our estimated treatment time is our best guess as to how long treatment will take. Progress can be delayed by abnormal facial growth, tooth moving mechanical difficulties, poor appliance wear cooperation, broken appliances and missed appointments.

DEVIATIALIZATION- It is possible for the nerve inside a tooth to die during treatment thus requiring a root canal on the affected tooth. The most common cause of this problem is that the tooth received some sort of trauma such as a blow or a large cavity sometime in the past.

TMJ PAIN- Some patients may develop jaw joint noises, discomfort and facial pain related to the jaw during or after treatment. The current belief is that these problems are caused more by habitual grinding of the teeth rather than the way in which the teeth bite. If such a problem arises, treatment by another specialist may be required.

INJURY FROM APPLIANCES – Some orthodontic appliances , such as a headgear, can be injurious. If any appliances we consider being potentially injurious are prescribed, we will be sure to inform you of this potential and will expect our instructions to be followed carefully.

RETURN OF THE ORIGINAL PROBLEM- We intend to obtain the best result possible. Some orthodontic problems, however, tend to their original condition to a small degree. Careful cooperation during retention phase of treatment will keep this relapse to a minimum.

ADDITIONAL TREATMENT – Unforeseen circumstances (such as abnormal growth or gum disease) may cause us to recommend a form of additional treatment not previously discussed. If this occurs, we will carefully explain the reasons for a change in the treatment plan and any extra fees before proceeding.

CONSENT OF RECORDS- I hereby give my permission for the use of orthodontic records, including photographs for purposes of professional consultations, research, education or publication in professional journals.

I have read the above and have had an opportunity to discuss this information with Dr. Benson. All questions have been answered to my satisfaction. I authorize Dr. Benson and her team to perform the necessary treatment.

****In case where the patient is a minor, I authorize Dr. Benson and her team to perform the necessary treatment in my absence**

Date- Patient: _____

****Patient/Parent/Legal Guardian:** _____

Date: _____

Witness: _____