

Informed Consent for Orthodontics

Congratulations on your decision to pursue orthodontic treatment for your child (or yourself). We are confident that the outcome will be well worth your investment! We look forward to working with you to achieve the best result possible. Success depends on keeping your appointments, meticulous oral hygiene and faithfully wearing all appliances as directed by your dentist.

First you'll see a hygienist or certified dental assistant to have x-rays, photos and impressions made. Your dentist uses these diagnostic records to formulate your treatment plan, a custom made plan that incorporates the available techniques and technology to treat your case in the most efficient way. The cost of the case study is \$350. When the case study is done we set up a visit or talk by phone to inform you how we would treat your case. If you are uncomfortable with our treatment plan, this would be the time to see another provider for a second opinion. It's important that you understand the treatment plan and have confidence in your provider from the start. In orthodontics there is more than one way to treat a case well and different providers will vary in their treatment methods.

We can treat about 80% of the cases that come to us here at Karlstad Dental Clinic. A smaller number of cases are complex and require an orthodontist. It's important for you to understand that Dr Ed Gracza is not an orthodontist, a dentist who specializes in orthodontics, but a general dentist. However he has completed many hours of course work and study in orthodontic techniques, has treated about 200 children and adults and has 20 years of experience. If you would rather be treated by an orthodontist we make it clear now that it's certainly your right. **All you have to do is ask us and we will refer you to one of the two excellent orthodontists in Grand Forks.** Also, if we study your case and discover it is too complex to treat here, your records will be forwarded to the Orthodontist of your choice.

If you decide to undergo treatment at our clinic, we will schedule your first visit to place appliances and/or extract teeth if necessary. At this visit we require you to pay one third of the estimated cost of your treatment. The balance will be divided up into monthly payments spread over the estimated treatment time, so that your treatment is paid off at about the same time it's completed. If you have dental insurance that covers orthodontic services we will process your claims.

After active treatment is complete, appliances are removed and fixed retainers are placed on the upper and lower teeth. A removable retainer will be made as well. These are included in the original cost. However, retainers do wear out and need maintenance or replacement for which there is an additional fee. Removable appliances used in the course of treatment are included but incur an added fee of \$200 if lost or damaged due to misuse.

Orthodontic treatment has some inherent risks and limitations. These are seldom serious but must be acknowledged before starting treatment. The following are the risks and the main issues affecting treatment.

Oral hygiene

Taking care of your teeth at home while wearing braces is very important. If you eat a lot of sweets, drink a lot of pop and don't brush while in braces you will develop cavities around the brackets and bands. Cavities are preceded by unsightly white spots known as decalcification. We reserve the right to remove the braces and discontinue treatment if poor oral hygiene begins to cause decay and swollen gums.

Loss of Vitality

The nerve of a tooth can degenerate from a number of causes, one of them being the force applied to cause tooth movement. Rarely, these teeth may require a root canal procedure to treat the degenerated nerve.

Headgear

Head gear straps can snap back and cause injury. Although they have safety release modules, injury is still possible. Be careful and follow instructions.

Root Damage

Forced tooth movement is one of the several causes of root resorption, which is a shortening and blunting of the root tips. These teeth usually do not cause symptoms and function normally. There is also the rare possibility of moving teeth off the supporting bone which may result in loss of the tooth.

Temporary Anchorage Devices (TADs)

TADs are tiny screws placed in the jaw bone that serve as anchors to move teeth. They are placed in the office under local anesthesia by your dentist or an oral surgeon. TADs greatly increase the efficiency and precision of tooth movement and decrease the amount of time needed. TADs have come into wide use in orthodontics. Three dimensional models and images of your mouth are carefully studied to determine the exact position of the TAD in order to avoid damage to the teeth roots, and to nerves and blood vessels during placement. These complications are possible but rarely occur. TADs occasionally become loose during treatment and need replacement. Rarely the screw breaks during placement, in which case the broken fragment is retrieved or left in place.



Impacted Teeth

In attempting to move impacted teeth various problems are sometimes encountered which may lead to tooth loss or periodontal (gum) problems. The length of time required to move such a tooth can vary considerably.

Joint Problems

The jaw joints can be affected by orthodontic appliances. Your dentist will consider this when developing your treatment plan. TMDs, or temporomandibular disorders, are syndromes of joint pain. TMDs are complex and their causes are controversial. Depending on the case, they can be either helped or hindered by orthodontic appliances.

Open Bite

An often undesirable side effect is a space between the upper and lower front teeth that develops over the course of treatment so that the person cannot close all the way together with the front teeth. Some people have a bone structure and growth pattern that make them very vulnerable to this. Most of the time this can be corrected or avoided, especially with the newer technology and techniques. But sometimes it cannot, in which case a decision is made to leave it or to have it surgically corrected.

Retention and Relapse

Retention is the inactive phase of treatment that begins when the braces are removed and retainers are placed. Retainers are wires bonded to the teeth or removable plastic plates that are worn for a prescribed period of time. They are placed to prevent relapse, the movement of teeth back toward their original positions. The tendency to relapse decreases with time but some of it remains indefinitely. Therefore there is no guarantee that your teeth will stay in position when the braces are removed. This is a limitation of orthodontics that can be minimized with retainers but not completely eliminated. This is why the bonded retainers need to stay on for 10 or more years and why the removable retainers must be worn over them at night as prescribed. The bonded retainers are not visible and hardly noticeable to the tongue. ***The wearing of retainers is critical. The cost of putting braces back on to correct relapse is not included in the initial estimate!***

Swollen Gums

Swollen, inflamed and bleeding gums can be prevented by regular brushing, flossing and use of the special oral hygiene aids provided. Swollen gums make it difficult for us to see and place the wires and ligatures. Swollen gums are tender making an otherwise painless wire application a painful experience. Regular dental checkups and cleanings should continue while braces are on.

Treatment success depends on you as much as it does on us. Our job is to provide you with the professional standard of care to the greatest of our ability. By signing this statement you acknowledge that your job is to keep your appointments or call in advance to change them, to devote yourself to excellent oral hygiene, to follow the dentist's instructions and to make your payments in full and on time. We reserve the right to remove appliances and stop treatment if the payment terms are not met.

I fully acknowledge and agree to the terms and expectations as stated above. I consent to photographs and x-rays before, during and after treatment, and to their anonymous use along with any clinical information in regard to my case for use in scientific papers, and to its disclosure as needed to other providers and educational institutions such as the University of Minnesota and Full Face Global for the purposes of education and consultation in developing my treatment plan. I give my consent to Dr. Ed Gracza, a general practitioner, to perform comprehensive orthodontic treatment for me or my child. I certify that I have read or had read to me the contents of this form and do realize the risks and limitations involved and that the option of a referral to a specialist was given to me as an alternative to treatment at Karlstad Dental Clinic.

Signature of Parent or Legal Guardian, Patient signs if above age 17

_____ date _____

Witness

_____ date _____



Preorthodontic History

Patient name _____ Age _____

Please indicate if there has been any history of the following:

Serious injury to the head or face	Yes	No
Injury to the jaws	Yes	No
Tonsils removed	Yes	No
Adenoids removed	Yes	No
Pain in the jaw joint	Yes	No
Received speech therapy	Yes	No
Previous orthodontic consultation or treatment	Yes	No

If yes, when? _____ by Dr. _____

Habits:

Thumb sucking	Yes	No	Mouth Breathing	Yes	No
Lip/nail biting	Yes	No	Grinding of teeth	Yes	No
Tongue thrusting	Yes	No			

Oral Hygiene Habits:

How often are the teeth brushed? _____

How often are they flossed? _____

Child's interest in treatment:

Wants braces _____ Reluctant _____ Uncooperative _____

What is the primary reason for seeking orthodontic care? _____

Signature of responsible party

