

LETTER OF INFORMATION AND CONSENT AGREEMENT

Dr. Phillip Lowder

The following information is routinely supplied to anyone considering orthodontic treatment in our office. Please read through this form carefully and **ask the orthodontist/staff to explain anything you do not understand** to clarify what is expected of you as a patient, or as a parent of a young patient, to achieve excellent results.

Orthodontic treatment is not an exact science. Like any treatment of the body, much of its success depends on the understanding and cooperation of patients. While recognizing the benefits of a pleasing smile and healthy functional teeth, you should also be aware that orthodontic treatment, like any treatment of the body, has some hazards, inconveniences, and limitations. These drawbacks seldom outweigh the long-range benefits, but should be considered in making the decision to wear orthodontic appliances. Whether or not any of these hazards or risks manifest themselves during treatment is a matter of individual body chemistry, psychological state, and patient/parent cooperation over which the orthodontist has no control. Therefore, no guarantees are made concerning final treatment results as there are too many uncontrollable variables.

Our goal is to produce the best possible result. The Orthodontist will use his/her knowledge, training, skill and experience (three extra years of orthodontic specialty training are required by the American Dental Association before one can be called an orthodontist) to achieve the best function that is also aesthetically pleasing. **Much depends on the patient's growth patterns, genetics, oral health, and cooperation.**

Frequent appointments will not speed up treatment and can even prolong treatment. Six to eight week intervals between appointments are the most satisfactory. It is impossible to make all appointments before or after school, especially the longer appointments. Missed, rescheduled or cancelled appointments can harm or prolong treatment. It is very often impossible to immediately reschedule missed or cancelled appointments and days or weeks may elapse before the patient can be seen.

Throughout life, **tooth positions are constantly changing.** This is true with all individuals regardless of whether they have worn braces or not. After orthodontic treatment, patients are subject to the same subtle changes that occur in non-orthodontic patients. In the late teens and early twenties, orthodontic patients may notice slight irregularities developing in their front teeth. This is particularly true if their teeth were extremely crowded prior to treatment. Muscle habits such as mouth breathing, thumb, finger, lip sucking and especially tongue thrusting can prevent teeth from moving to their proper position and cause relapse after treatment. **Prolonged wearing of retainers may be the only way to help stop the above.**

Orthodontic appliances do not cause cavities or decalcification; bacterial plaque does. Brackets may trap food particles and increase the likelihood of a patient developing cavities or decalcification marks. Sugars and between-meal snacks should be eliminated. Decalcification (permanent marking on the teeth), tooth decay, or gum disease can occur if patients do not brush and floss their teeth properly and thoroughly. **Patients may be able to prevent these problems with a combination of proper diet and good tooth brushing habits.** It is imperative that the patient continues to see his or her own physician once a year and the dentist a minimum of every 6 months to maintain proper health during the period of orthodontic treatment. This especially applies to those patients whose periodontal (gum) problems were present before orthodontic treatment. Gum disease may require the care of a periodontist (gum specialist) during orthodontic treatment.

Cold sores, canker sores, and irritations or injury to the mouth are possible while wearing braces. Loose or broken wires, brackets and bands can also scratch or irritate your cheeks, gums, or lips; please call our office if this occurs. Your orthodontist will give you soft wax to cover problem areas like this. Allergic reactions to dental materials or medications are rare, but do occur occasionally.

Teeth must sometimes be **extracted** as part of the orthodontic procedure. Your orthodontist will recommend removal only if it improves your prospects for successful treatment. There may be a need for fillings, crowns, bridges, gum treatment or other dental procedures before, during, or after orthodontic treatment. **On rare occasions the nerve of a tooth may become abscessed** due to a tooth whose pulp has been irritated by a deep filling or even a minor blow and may require a root canal or other treatment by your dentist.

In some instances, the **root ends** are shortened during treatment. This process is called root resorption. Under healthy circumstances, the shortened roots are no disadvantage. There are rare circumstances that may lead to loss of teeth

due to root resorption. There is no way to foresee whether this will happen and nothing can be done to prevent this from occurring.

There is also a chance that pain or discomfort (**TMD**) may occur in the muscles of the jaw joints or the joints themselves, i.e. temporomandibular joints. Tooth alignment or bite correction may or may not improve jaw discomfort; additional treatment by another dentist may be required. Most discomfort is muscle related and caused by overuse, stress and bruxism.

Occasionally, a person who has grown normally and in average proportion may not continue to do so. If the **growth** becomes disproportioned, the jaw position can be affected and original treatment objectives may have to be compromised. Skeletal growth disharmony is a biological process beyond the Orthodontist's control. This disharmony may necessitate surgical correction in conjunction with orthodontic treatment.

Bisphosphonates (such as Fosamax) may inhibit tooth movement, decrease bone healing and increase serious osteonecrosis risks within the maxilla and mandible. General health problems such as bone, blood or endocrine disorders, and many prescription and non-prescription drugs (including bisphosphonates) can affect your orthodontic treatment.

Orthodontic treatment can only be successful if all parties are willing and able to cooperate by wearing headgear, elastics, retainers or other appliances as instructed. **Otherwise, the length of treatment may be extended or the results may be compromised.** We attach such great importance to the cooperative aspect of treatment that I reserve the right to discontinue orthodontic if, in my judgment, the relationship or cooperation with the patient/parent become such as to alter the successful conclusion of treatment or health of the patient.

We appreciate your confidence in selecting our office. We want you to be fully informed, so ask questions anytime. During the period of orthodontic treatment, we may make models, X-rays, and photographs, which may be used for professional reference and display, orthodontic journals, books, meetings, and patient education.

I as patient or parent/legal guardian of the patient:

1. Certify that I have read this letter of information and consent agreement, understand its contents, have had my questions answered satisfactorily and consent to treatment.
2. Certify that, if the patient is a minor, I am a legal custodian with legal authority to consent to orthodontic treatment.
3. Consent to the initiation and /or continuation of orthodontic treatment for myself or child (Ward) under the above conditions.
4. Give my permission for any records made in the process of examination, treatment and retention to be used for the purposes of research, education, and publication in professional journals.
5. Consent to the release of any information to other health professionals and insurance companies

Signature of responsible party _____

Orthodontist _____

Relationship to patient _____

Date _____