ORTHODONTIC INFORMED CONSENT FOR:_____

The following information is routinely provided to anyone considering orthodontic treatment in our office. While recognizing the 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 risks and limitations.

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

ROOT RESORPTION – In a few cases, the ends of some of the teeth are shortened during treatment. In the event of 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.

DEVITALIZATION – 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 return to their original condition to a small degree. Careful cooperation during the 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 TO USE 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.

LIMITATIONS TO ACHIEVING TREATMENT GOALS

Even when an ideal treatment plan is chosen, certain limitations will exist to the achieving of the desired treatment goals. We will provide you with a list of the potential limitations to achieving an ideal result, and ask that you read the information carefully before consenting to orthodontic treatment.

OTHER INFORMATION

The following information is also important for your understanding of our recommended treatment, and your responsibilities for achieving the desired results.

APPOINTMENT POLICIES

The normal interval between appointments is 4 – 6 weeks. Our appointment policy is to schedule longer procedures, and those that require major adjustments earlier in the day. These include archwire changes, major archwire adjustments, banding and bonding of the braces to the teeth, and removing the braces. These appointments require very precise adjustments of bands, brackets, archwires, or removable appliances. The intricate nature of the work necessitates that they be done during less busy times. By reserving our after work and after school appointments for shorter visits and those that require only minor adjustments, we can accommodate more people during these times.

We will do our best to accommodate each family with appointments that do not conflict with work or school. However, if we feel that the quality of our treatment suffers, or that treatment time is being unduly extended, we will have to insist that our scheduling requirements be followed. We ask that you alternate after school appointments to give every patient access to these times.

We try to do as much as possible at each appointment to assure that fewer appointments will be needed and that overall treatment time will be within the estimate given at the beginning of treatment. This way the total amount of time invested in orthodontic treatment can be kept to a minimum.

MISSED APPOINTMENT POLICY

Appointments are scheduled at intervals for best treatment progress. Missed appointments or repeated lateness prolongs treatment. A missed appointment fee of $50 will be charge for appointments missed or not cancelled with 24 hours.
We will try to confirm your appointments 1 – 2 days in advance, but we will not always have time to do so. It is your responsibility to remember your appointments. If an appointment is canceled less than 24 hours in advance, it is considered missed. Likewise, if you arrive late for your appointment, we may have to reschedule to another time and it will be treated as a missed appointment. Our most favorable times for appointments are after school/after work hours, if you miss your appointment during these times, you will be asked to reschedule during morning hours.

TRANSFER POLICY

In the event a patient transfers from the practice prior to the end of treatment, the treatment fee will be adjusted for services rendered to date. The treatment fee to date will be determined according to our standard banding fee and monthly payment schedule, regardless of the individual payment plan.

We are required to maintain all original records once treatment has been started, therefore, we must charge a fee for duplicating your records and transferring them to your new orthodontist. Records will not be transferred prior to account settlement.

EXCESSIVE APPLIANCE BREAKAGE

If the patient has a loose band or bracket or a broken appliance we ask that you contact our office as soon as possible so the appropriate appointment can be scheduled. If you already have an appointment scheduled please let us know so we can determine if there is ample time for the repair. Our goal is to repair broken appliances without necessitating an additional visit. Broken brackets will result in a $25 fee (per bracket) after the third breakage. Once treatment is

completed you will receive a set of retainers that are included in your treatment fee. However, in the event your retainers are lost or damaged there will be an additional fee of $150 per retainer.

EXTENDED TREATMENT POLICY

In the event that treatment time is extended beyond the originally estimated time frame due to poor compliance (missed appointments, excessive appliance breakage, poor elastic or headgear wear, or prolonged poor oral hygiene), monthly fees will resume until treatment is complete. Our policy is to charge 60% of our normal monthly fee to cover the cost of continuation of treatment. In this manner, the responsible party and our office "share" the cost of the additional treatment. Hopefully, a timely completion will be reached. You will always have the option of discontinuing treatment and accepting a compromised result if you choose not to pay the additional charges.

By my signature below I acknowledge that I have read the **ORTHODONTIC INFORMED CONSENT** and **NOTICE OF PRIVACY PRACTICE** and may receive a copy of both forms at my request.

Signed_____ Date___/___/_____