

**PLACERVILLE**

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## Patient Information And Consent

Positive orthodontic results can be achieved by an informed and cooperative patient; therefore, the following information is routinely supplied to all who consider orthodontic treatment. While recognizing the benefits of healthy teeth and a pleasing smile, you should also be aware that orthodontic treatment has the limitations and potential risk. These are seldom in up to avoid treatment but should be considered in making the decision to undergo orthodontic treatment. Orthodontic treatment usually proceeds as planned; however, like all areas of the healing arts, results cannot be guaranteed.

### **BENEFITS OF ORTHODONTIC TREATMENT**

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Orthodontics plays an important role in improving overall oral health, and in achieving balance and harmony between that teeth and face for a beautiful, healthy smile. An attractive smile enhances one's self-esteem, which may actually improve the quality of life itself. Properly aligned teeth are easier to brush, which decreases the tendency to decay or to develop diseases of the gums and supporting bones.

### **POTENTIAL RISKS OF ORTHODONTIC TREATMENT**

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As will all forms of medical and dental treatment, orthodontics has some risks in limitations. Fortunately, complications in orthodontics are infrequent, and, when they do occur, they are usually of minor consequence. Nevertheless, they should be considered when making the decision to undergo orthodontic treatment. The major risk involved in orthodontic treatment may include the following:

1. **Tooth decay (decalcification)** Tooth discoloration or decay can occur on the teeth if any orthodontic patient eats food containing excessive sugar and does not brush the teeth properly these same problems occur without orthodontic treatment, but the risk is greater to an individual wearing braces. Good oral hygiene is a must during orthodontic treatment to prevent problems.
2. **Tooth Root Shortening** Some patients are prone to the roots of their teeth being shortened during orthodontic treatment, some are not. This usually does not have significant consequences, but in the presence of gum problems and bone loss, it may become a threat to the long-term health of the teeth involved.
3. **Periodontal Disease (gum disease)** The health of the bone and gums which support the teeth may be affected by orthodontic tooth movement if a condition already exists and in some rare cases where a condition doesn't appear to exist. Proper brushing and flossing can usually prevent swollen, inflamed and bleeding gums. Periodontal disease causes that can also lead to progressive loss of the supporting bones and gums. It is important that the patient have regular cleanings and dental check-ups during orthodontic treatment. If gum disease should become uncontrollable, orthodontic treatment would have to be discontinued prior to completion.
4. **Relapse (teeth shift after being straightened)** Teeth have a tendency to change their positions after orthodontic treatment. There is usually only a minor change, and faithful wearing of retainers at night for an indefinite period should help reduce this tendency. Throughout life the bite can change from various causes (eruption of wisdom teeth, growth and/or aging, mouth breathing and other oral habits) all of which are outside the control of the orthodontist.
5. **Jaw Joint Problems (TMJ)** Patients with bad bites have a high potential for TMJ or jaw joint problems. These problems may be present before orthodontic treatment, and symptoms may develop during or after [1]

## Patient Information And Consent (continued)

orthodontic treatment. TMJ problems will occur with or without orthodontic treatment. TMJ symptoms include joint stiffness, limited jaw motion, facial pain, ear pain, dizziness, headaches and neck aches. There is no guarantee that orthodontic treatment will correct or prevent TMJ symptoms. Any of the above noted symptoms should be promptly reported to the orthodontist.

6. **Loss of Tooth Vitality** Sometimes a tooth may have been traumatized by a previous accident or a tooth may have a large filling, which can cause damage to the nerve of the tooth. Orthodontic tooth movement may aggravate this condition and, in rare instances, may lead to root canal treatment. This type of treatment is not covered in your orthodontics and is done by another specialist if needed.
7. **Minor Injuries** Dental instruments may inadvertently scratch, poke or hit a tooth, causing potential damage to or soreness of affected oral structures. On rare occasions, parts of orthodontic appliances may be accidentally swallowed or aspirated, and the gums, cheeks and lips may be scratched or irritated by loose or broken appliances or by blows/bumps to the mouth. We will use extreme care to avoid minor injuries.
8. **Headgear Instructions** (if headgear is necessary) Improperly handled, headgear may cause injury. There have been a few reports of injury to the eyes of the patients wearing headgear. Patients are cautioned not to wear headgear during times of horseplay or competitive activity. Although our headgear is equipped with a safety system, we urge caution at all times.
9. **Adjunctive Surgery** Sometimes oral surgery (tooth removal or jaw surgery) is necessary in conjunction with orthodontic treatment, especially to correct crowding or severe jaw imbalances. Risk involved with anesthesia or any surgical treatment should be discussed with your general dentist or oral surgeon before making your decision to proceed with surgery.
10. **Unfavorable Growth** Inefficient, excessive or abnormal changes in growth of the jaws may limit our ability to achieve the desired result. If growth becomes disproportionate during or after treatment, or if a tooth forms in very late, the bite may change, requiring additional treatments or, in some cases, surgery. Growth disharmony and unusual tooth formations are biological processes beyond the orthodontics control growth changes that occur after orthodontic treatment may alter the quality of the treatment results.
11. **Treatment Time** The total time required to complete treatment May exceed the original estimate. Excessive or deficient bone growth, poor cooperation and wearing a removable Appliance the required hours per day, poor oral hygiene, broken appliances and missed appointments can lengthen the treatment in affect the quality of treatment results.
12. **Adjunctive Dental Care** Due to the wide variation in the size and shape of teeth, achievement of the most ideal result for example, complete disclosure of excessive space may require restorative dental treatment. The most common types of treatment are cosmetic bonding, crown and bridge restorative dental care and/or periodontal therapy. You are encouraged to ask questions to regarding dental and medical care adjunctive to orthodontic treatment of the doctors who provide these services.
13. **Medical problems** General medicine problems can affect orthodontic treatment. You should keep your orthodontist informed of any changes in your medical health.



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## Patient Information And Consent (continued)

### ALTERNATIVES TO ORTHODONTIC TREATMENT \_\_\_\_\_

For the vast majority of patients, orthodontic treatment is an elective procedure. One possible alternative to orthodontic treatment is no treatment at all. You could choose to accept your present oral condition.

Notes \_\_\_\_\_

### ACKNOWLEDGMENT OF INFORMED CONSENT \_\_\_\_\_

I have read this form and hereby acknowledge the major treatment considerations and potential risks that may or may not occur during orthodontic treatment. The doctor and the staff have answered all my questions about proposed treatment/risks and presented information to aid in my decision-making process. I have received a copy of this information and consent form and hereby consent to orthodontic treatment.

Patient Name (please print) \_\_\_\_\_

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

### PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION \_\_\_\_\_

I have read the Notice of Privacy Practices and hereby give my consent for Foothill Orthodontics to use and disclose health information (PHI) about me/my child to carry out treatment, payment and Healthcare operations (TPO).

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_