



HOYBJERG FAMILY ORTHODONTICS

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 limitations and potential risks. These are seldom enough 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

Orthodontics plays an important role in improving overall oral health, and in achieving balance and harmony between 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 bone.

Potential Risks of Orthodontic Treatment

As with all forms of medical and dental treatment, orthodontics has some risks and limitations. Fortunately, in orthodontics complications are infrequent and, if they do occur, they are usually of minor consequence. Nevertheless, they should be considered when making the decision to undergo orthodontic treatment.

Results of Treatment

Orthodontic treatment usually proceeds as planned, and we intend to do everything possible to achieve the best results for every patient. However, we cannot guarantee that you will be completely satisfied with your results, nor can all complications or consequences be anticipated. **The success of treatment depends on your cooperation in keeping appointments, maintaining good oral hygiene, avoiding loose or broken appliances, and following the orthodontist's instructions carefully.**

Length of Treatment

The length of treatment depends on a number of issues, including the severity of the problem, the patient's growth and the level of patient cooperation. The actual treatment time is usually close to the estimated treatment time, but treatment may be lengthened if, for example, unanticipated growth occurs, if there are habits affecting the dentofacial structures, if periodontal or other dental problems occur, or if patient cooperation is not adequate. Therefore, changes in the original treatment plan may become necessary. If treatment time is extended beyond the original estimate, additional fees may be assessed.

Discomfort

The mouth is very sensitive so you can expect an adjustment period which may last 24 to 48 hours. You should inform our office of any unusual symptoms, or broken or loose appliances, as soon as they occur. Nonprescription pain medication can be used during this adjustment period.

Relapse

Completed orthodontic treatment does not guarantee perfectly straight teeth for the rest of your life. Retainers will be required to keep your teeth in their new positions as a result of your orthodontic treatment. You must wear your retainers as instructed or teeth may shift, in addition to other adverse effects. **Lifetime retainer wear is necessary following orthodontic treatment.** However, changes can occur due to natural causes, including habits such as tongue thrusting, mouth breathing, and growth and maturation that continue throughout life. Later in life, most people will see their teeth shift. Minor irregularities, particularly in the lower front teeth shift. Minor irregularities, particularly in the lower front teeth, may have to be accepted. Some changes may require additional orthodontic treatment or, in some cases, surgery. Some situations may require non-removable retainers or other dental appliances made by your family dentist.

Extractions

Some cases will require the removal of deciduous (baby) teeth or permanent teeth. There are additional risks associated with the removal of teeth which you should discuss with your family dentist or oral surgeon prior to the procedure.

Orthognathic Surgery

Some patients have significant skeletal disharmonies which require orthodontic treatment in conjunction with orthognathic (dentofacial) surgery. There are additional risks associated with your oral and/or maxillofacial surgeon prior to beginning orthodontic treatment. Please be aware that orthodontic treatment prior to orthognathic surgery often only aligns the teeth within the individual dental arches.

Therefore, patients discontinuing orthodontic treatment may have a malocclusion that is worse than when they began treatment. Abnormal changes in the growth of the jaws may limit the ability to achieve the desired result. If the growth of either jaw is disproportionate, the bite may change and in some cases may require removal of teeth or even oral surgery to correct the growth disharmony. Growth and unusual tooth formations are biological processes beyond the orthodontist's control. Growth changes that occur after orthodontic treatment may alter the quality of treatment results.

Decalcification and Dental Caries

Excellent oral hygiene is essential during orthodontic treatment as are regular visits to your family dentist. Inadequate or improper hygiene could result in cavities, discolored teeth, periodontal disease and/or decalcification. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances. These problems may be aggravated if the patient has not had the benefit of fluoridated water or its substitute, or if the patient consumes sweetened beverages or foods. I understand all necessary regular dentistry (fillings, cleanings,) should be completed prior to starting orthodontic treatment. Regular checkups, x-rays and cleanings with a general dentist is necessary throughout orthodontic treatment and will not be performed by your orthodontist.

Root Resorption

The roots of some patients' teeth become shorter (resorption) during orthodontic treatment. It is not known exactly what causes root resorption, nor is it possible to predict which patients will experience it. Root resorption may reduce the longevity of the teeth involved. However, many patients have retained teeth throughout life with severely shortened roots. If resorption is detected during orthodontic

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Acknowledgement

I hereby acknowledge that I have read and fully understand the treatment considerations and risks presented in this form. I also understand that there may be other problems that occur less frequently than those presented, and that actual results may differ from the anticipated results. I also acknowledge that I have discussed this form with the undersigned orthodontist(s) and have been given the opportunity to ask any questions. I have been asked to make a choice about my treatment. I hereby consent to treatment proposed and authorize Dr. McClurg's Smile Center to provide the treatment. I also authorize the orthodontist(s) to provide my health care information to my other health care providers. I understand that my treatment fee covers only treatment provided by the orthodontist(s), and that treatment provided by other dental or medical professionals is not included in the fee for my orthodontic treatment.

Consent To Undergo Orthodontic Treatment

I hereby consent to the making of diagnostic records, including x-rays, before, during and following orthodontic treatment, and to Dr. McClurg's Smile Center and, where appropriate, staff providing orthodontic treatment prescribed by the Orthodontist(s) for the patient. I fully understand all of the risks associated with the treatment.

Authorization For Release Of Patient Information

I hereby authorize Dr. McClurg's Smile Center to provide other health care providers with information regarding the above individual's orthodontic care as deemed appropriate. I understand that once released, the above doctor(s) and staff has (have) no responsibility for any further release by the individual receiving this information.

Consent To Use of Records

I hereby give my permission for the use of orthodontic records, including photographs, made in the process of examinations, treatment, and retention for purposes of professional consultations, research, education, or publication in professional journals.

Patient Name	Date
Patient Signature	Date
Responsible Party Signature	Date
Witness	Date

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