



William K. Farrar, Jr.
DDS, MDS

West Cobb Orthodontics

WE WANT YOU TO KNOW ABOUT INFORMED CONSENT

For the orthodontic treatment of _____ Date: _____

In the vast majority of orthodontic cases, significant improvements can be achieved. While the benefits of a pleasing smile, face, and healthy dentition are widely appreciated, orthodontic treatment remains an elective procedure. It, like any other treatment of the body, has some inherent risk and limitations. These are seldom serious enough to contra-indicate orthodontics, but should be considered in making the decision to undergo treatment. You are therefore urged to read the following information, ask any questions that may come to mind, then (after you are completely satisfied with our explanations) consent to our treating you or your child by signing this form. This is a standard procedure in our office.

PATIENT COOPERATION – THE MOST IMPORTANT FACTOR IN COMPLETING TREATMENT ON TIME.

The insufficient wearing of elastics, or removable appliances; broken appliances and missed appointments prevent our obtaining the desirable jaw growth anticipated. These factors can lengthen treatment time and adversely affect the quality of treatment results.

DECALCIFICATION – TOOTH DISCOLORATION.

The avoidance of chewing hard and sticky foods will help keep band sand brackets from loosening. This, the reduction of sugar intake, and reporting any loose bands as soon as they are noticed will help minimize decay and gum problems. It is important to brush your teeth and gums immediately after eating. This will prevent decalcification -- the white, soft enamel areas that can become decay.

NONVITAL TOOTH – USUALLY THE RESULT OF AN INJURED TOOTH.

An injured tooth can die over a period of time with or without orthodontic treatment. This tooth may flare up during orthodontic movement and would require root canal treatment. Discoloration of a nonvital tooth may be noticed after treatment has started or following appliance removal. Devitalization is seldom due to orthodontics.

ROOT RESORPTION – SHORTENING OF ROOT ENDS.

This can occur with or without orthodontic treatment. Under healthy conditions the shortened roots usually are no problem. Injury, impaction, endocrine or idiopathic disorders can also be responsible.

IMPACTED TEETH – TEETH UNABLE TO ERUPT NORMALLY.

In attempting to move impacted teeth (especially cuspids) various problems are sometimes encountered which may lead to loss of the tooth or periodontal problems. The length of time required to move such a tooth can vary considerably. Occasionally twelve year molars may be trapped under crowns of six-year molars consequently the removal of third molars may prove necessary.

TEMPORO-MANDIBULAR JOINTS (TMJ) – THE SLIDING HINGE CONNECTING THE UPPER AND LOWER JAWS.

Possible problems may exist or occur during or following orthodontic treatment. Tooth position and bite can be a factor in this condition. An equilibration may be recommended after appliances are removed to improve occlusal relationship. TMJ problems are not all "bite" related. Most individuals that have a TMJ problem have never had orthodontic treatment.

1690 Stone Village Lane NW, Suite 910, Kennesaw, GA 30152
Mailing Address: 1635 Old 41 Highway NW, Suite 112-276, Kennesaw, GA 30152
www.FarrarOrtho.com • phone: (678) 401-4321 or (770) 778-8210 • fax: (678) 401-6263

GROWTH PATTERNS – FACIAL GROWTH OCCURRING DURING OR AFTER TREATMENT.

Uncorrected finger, thumb, tongue or similar pressure habits; unusual hereditary skeletal patterns; and insufficient or undesirable growth can all influence results, effect facial change and cause shifting of teeth during or following retention. Surgical procedures can frequently correct these problems. On rare occasions it may be necessary to recommend a change in the original treatment plan.

RELAPSE – MOVEMENT OF TEETH FOLLOWING TREATMENT.

Settling or shifting of teeth following treatment as well as after retention will most likely occur in varying degrees. Some of these changes may or may not be desirable. Rotations and crowding of lower anterior teeth are most common examples. Slight spaces in the extraction site, or between some upper anterior teeth are other examples. At times we advise the wearing of a retaining appliance every night or a few evenings each week for an indefinite period.

PERIODONTAL PROBLEMS – GUM INFLAMMATION, BLEEDING AND PERIODONTAL DISEASE.

Swollen, inflamed, and bleeding gums can usually be prevented by proper and regular flossing and brushing. Periodontal disease can be caused by accumulation of plaque and debris around the teeth and gums, but there are several unknown causes that can lead to progressive loss of supporting bone and recession of the gums. Should the condition become uncontrollable, orthodontic treatment may have to be discontinued short of completion. This would be rare, and usually only in adults with a pre-existing periodontal problem.

UNUSUAL OCCURRENCES –

Swallowing an appliance, chipping a tooth, dislodging a restoration, an ankylosed tooth, an abscess, or cyst may occur but these are rare.

DENTAL CHECK-UPS –

All necessary dentistry must be completed prior to our starting orthodontic therapy. It is essential that the patient maintain their regular examinations every six months during the treatment period. Adults must visit their dentist, hygienist, or periodontist for scaling and cleaning every three to five months while being treated.

Again, it is our intent to inform you of the myriad of possibilities that exist as potential problems. Most of these conditions occur rarely. There may be other inherent risks not mentioned. You should be aware that these things can happen. If any of these conditions should develop, every effort will be made to refer the patient to the appropriate therapist. Treatment of human biologic conditions will never reach a state of perfection despite technological advancements. Your treatment depends on a close professional working relationship. Patients should feel free to inquire about any aspect of their treatment.

Understanding and cooperation are essential for the results we both seek.

I CONSENT TO THE TAKING OF PHOTOGRAPHS AND X-RAYS BEFORE, DURING, AND AFTER TREATMENT, AND TO THE USE OF SAME BY THE DOCTOR IN SCIENTIFIC PAPERS OR DEMONSTRATIONS.

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 DO CONSENT TO ORTHODONTIC TREATMENT.

Date _____

Signature _____

Witness _____