

Informed Consent Information

Benefits

Orthodontics plays an important role in improving overall oral health and in achieving balance and harmony between the 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 and thereby may decrease the tendency to decay, or to develop disease of the gum and supporting bone.

Purpose

Orthodontics strive to improve the bite by helping to direct the forces placed on the teeth, thus protecting them from trauma during ordinary everyday activities, such as chewing and grinding. Orthodontics distributes the chewing stress throughout the mouth to minimize stress on bones, roots, gum tissue and temporomandibular joints.

Risks

All forms of medical and dental treatment, including orthodontics, have some risks and limitations. Fortunately, orthodontic complications are infrequent and, when they do occur, they are usually of minor consequence. Nevertheless, they should be considered. The following includes the risks and limitations associated with orthodontic treatment.

Poor Oral Hygiene	Irritation/Injury	Excessive Treatment Time
Root Resorption	Oral or Jaw Surgery	Loss of Interdental Papilla
Periodontal Disease/Thin Gums	Relapse	Abnormal Facial Growth Patterns
Restorative Treatment	TMJ Problems	Nonvital or Dead Teeth
Allergies to Materials/medicines	Wisdom Teeth	Congenitally Missing teeth
Fracture of tooth enamel	Abnormal Muscle Function	

Possible Alternatives

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 and decide to live without orthodontic correction or improvement. The specific alternative to the orthodontic treatment of any particular patient depends on the nature of the individual's teeth, supporting structures and appearance.

Alternatives could include:

1. Extraction versus treatment without extraction
2. Orthognathic surgery versus treatment without orthognathic surgery
3. Possible prosthetics solutions
4. Possible compromised approaches

AKNOWLEDGEMENT OF INFORMED CONSENT

I hereby acknowledge that the major treatment considerations and potential risks of orthodontic treatment have been presented to me. I have read and understand this form and also understand that there may be problems that occur less frequently or that might be less severe. Dr. Peck has discussed the orthodontic treatment with me. I have been asked to make a choice about this treatment. Dr. Peck has presented information to aid in the decision-making process, and I have been given the opportunity to ask Dr. Peck all questions I have about the proposed orthodontic treatment and information contained in this form.

Signature

Date

Witness

Date

CONSENT TO UNDERGO ORTHODONTIC TREATMENT

I hereby consent to Dr. Peck providing orthodontic treatment for _____.

Name of Patient

Signature

Date

Witness

Date

(If you are consenting to the care of another, you must have legal authority to sign on their behalf.)

CONSENT TO USE OF RECORD

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

Signature

Date

Witness

Date