MedPro Group
a Berkshire Hathaway company

Patient Name: _____

Date of Birth: _____

Informed Consent for Orthodontic Treatment

I. Recommended Treatment

I hereby give consent to Dr. _____ to perform Orthodontic Treatment procedure(s) on me or my dependent as follows: _____ _____ ("Recommended Treatment") and any such additional procedure(s) as may be considered necessary for my well- being based on findings made during the course of the Recommended Treatment. The nature and purpose of the Recommended Treatment have been explained to me and no guarantee has been made or implied as to result or cure. I have been given satisfactory answers to all of my questions, and I wish to proceed with the Recommended Treatment. I also consent to the administration of local anesthesia during the performance of the Recommended Treatment.

II. Treatment Alternatives

Alternative methods of treatment have been explained to me, such as: _____ _____ but I wish to proceed with the Recommended Treatment described above.

III. Patient's Responsibility

It is the patient's responsibility to:

1. Follow brushing and oral hygiene instructions that are given, so no harm will come to tissues and teeth;
2. Adhere to food restrictions to keep from damaging teeth and orthodontic appliances;
3. Timely come to all appointments;
4. Wear elastics, retainers, and headgear, if they are necessary, so treatment time will be as short as possible and to achieve best results; and
5. Visit the general dentist at least every six months for cleaning and examination.

Additional orthodontic charges may be incurred for replacement of appliances due to patient neglect, or excessive extension of treatment caused by failure of patient cooperation. Patient cooperation is critical.

Risks and Complications

I understand that there are risks and complications associated with the administration of medications, including anesthesia, and performance of the Recommended Treatment. These potential risks and complications, include, but are not limited to, the following:

1. Decalcification (permanent markings), decay or gum disease.
2. Root resorption resulting in teeth being shortened during treatment.
3. Pre-existing, non-vital, devitalization, traumatized teeth may cause damage to the nerve requiring a root canal on the affected tooth. Severe cases may result in tooth loss.
4. TMJ (temporo-mandibular joint) pain which may include jaw joint noises, discomfort and facial pain related to the jaw during or after treatment.
5. Discomfort due to adjustment and application of appliances.
6. Oral surgery/extractions, which may be needed to correct jaw imbalances or to remove third molars that may develop and change alignment.
7. Teeth may become impacted (trapped below gums or bone), fail to erupt, or ankylosed (fused to bone), which may require extraction, surgical transplantation/exposure, or prosthetic replacements.
8. Minimal imperfections in the way your teeth meet, which may result in a procedure to grind the teeth or a procedure to remove a small amount of enamel in between the teeth.
9. Allergic reaction to medicine and orthodontic materials.
10. The total time for treatment can be delayed beyond our estimate.

11. Injury from appliances and headgear including injury to the face or eyes. Additionally, orthodontic appliances may be accidentally swallowed or aspirated, or may irritate or damage oral tissue.

12. Return of the original problem.

13. Additional treatment may be required due to unforeseen circumstances (such as abnormal growth or gum disease).

IV. Termination of Treatment

It is understood that treatment can be terminated for failure to cooperate, missing appointments, not wearing appliances, excessive breakage, failure to keep financial commitments, relocation, personal conflicts or for any reason the dentist feels necessary. If termination is necessary, the patient will be given ample time to locate another dentist to continue treatment or the braces will be removed.

Signature: _____ Date: _____

Patient/Parent/Guardian

Relationship (if patient a minor): _____

Witness (signature): _____