



## Informed Consent

Patient's name: \_\_\_\_\_

DOB: \_\_\_\_\_

Unit number: \_\_\_\_\_

Any medical or dental procedure has certain risks and complications. This is also true of orthodontics with certain medical conditions being a contraindication to orthodontic treatment. This document should be read in conjunction with the practice information leaflet.

The review that follows is not meant to be alarmist. The objective is to provide sufficient information for an informed decision to be made regarding treatment. Please ask the orthodontist should you need further information before signing.

If the standard of tooth brushing falls below an acceptable level (this needs to be high before treatment is commenced) the enamel of the teeth may be permanently damaged. This will appear as permanent white, yellow or brown staining or decalcification. This is in fact, early decay. Tooth brushing standards are checked at every visit. Good dietary habits are equally, if not more important. Snacking in between meals is very bad for your teeth normally, and terrible with braces on. Eat and drink (other than water) at meal times only.

Movement of teeth can result in the loss of the root length by between 1-1.5mm. This is known as resorption and does not jeopardise the teeth. It is rare for individual or groups to undergo marked resorption to an extent that could lead to their early loss. Sometimes the tooth can 'die' or undergo loss of vitality. This is again rare and is usually associated with past damage or trauma to the tooth.

Treatment objectives may need to be modified if any of the above occur. Persistently poor co-operation with treatment or failure to attend three allocated appointments will result in termination of treatment. This will almost inevitably lead to a disappointing result and possible long-term consequences for the patient's teeth and oral tissues.

The prospect of the teeth staying absolutely in position i.e. remaining stable varies from one individual to another and is not wholly predictable. Obviously, failing to wear retainers as directed could well allow teeth to move out of position. Minor changes are expected as a result of facial changes, which have a direct bearing on tooth positions. Where relevant, any factors that are known to prejudice post-treatment stability will be discussed, such as long term or permanent wear of retainers.

The role of the wisdom teeth and their effects on the front teeth is controversial, sometimes it will be recommended that should be removed, but not in every case.

There is no evidence to show that the removal of teeth and good orthodontic treatment can have any harmful effect on the jaw or the facial profile.

I have read and understood the contents of this report and hereby consent to orthodontic treatment. I also accept the terms and conditions in the practice information leaflet. I understand that all NHS appointments are within school hours.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Relationship to patient \_\_\_\_\_