

PATIENT CONSENT FORM TO BEGIN ORTHODONTIC TREATMENT

Name.....



Before Treatment Begins

This form is for patients – and for parents of young patients – who are about to start a course of orthodontic treatment. It will give you an idea of what to expect during treatment, and what will be expected of you. It also points out some risks and problems that may occur before, during or after treatment. You will read about issues that are common to most corrective forms of Orthodontics using Fastbraces® Technology. This surgery is not a Specialist Orthodontist practice and your dentist Dr Santosh Patil is NOT a Specialist Orthodontist, he is a Dentist with Special Interest in Orthodontics

We will devise a treatment plan just for you, involving procedures appropriate for your individual situation and goals. If there are hazards or limitations specific to your treatment, we will explain them to you.

Orthodontic treatment is not an exact science. Like any treatment of the body, much of its success depends on the understanding and co-operation of patients. Please read this booklet carefully, and ask your dentist to explain anything you do not understand. It will clarify what is expected of you as a patient, or as a parent of a young patient, to achieve the best results. Keep in mind that with orthodontic treatment, like other dental procedures may take longer than expected as it depends on the individual person.

Before treatment begins, you will be asked to sign an informed consent form on your own behalf or on behalf of your child, verifying that you understand all issues associated with orthodontic treatment.

Steps in Formulating a Treatment Plan

Orthodontic Examination and Orthodontic Records: The first step in determining your treatment plan is learning as much about your orthodontic condition as possible. This begins with an orthodontic examination, during which your teeth are inspected. Your Fastbraces® dentist will then collect a complete set of orthodontic records, which may include plaster models of your teeth, x-rays/CBCT scan of your teeth and jaw joints, photographs, and your medical-dental history.

Planning and Consultation: After examining you and studying your orthodontic records, we will design a treatment plan for you. We will discuss with you any significant risks or limitations to your treatment and you will have an opportunity to discuss the points raised in this booklet.

Dental Check-ups and Care: Before orthodontic treatment begins, it will be necessary to have a check-up and any necessary dental work. Once orthodontic therapy begins, you will be expected to continue to have regular 3 to 6 month check-ups and routine care. Routine dental care will help ensure the best possible results from your orthodontic therapy.

Your Co-operation is Essential: Generally speaking, excellent orthodontic treatment results can only be obtained with co-operative and informed patients and parents. Successful treatment is a team effort: patients, parents, staff and the dentist working together.

During Fastbraces® Treatment

Oral hygiene: Decalcification (permanent markings), decay, or gum disease can occur if patients do not brush their teeth properly and thoroughly during treatment period. Excellent oral hygiene and plaque removal is a must. Sugars, fizzy drinks and between meal snacks should be reduced as much as possible. It is



PATIENT CONSENT FORM TO BEGIN ORTHODONTIC TREATMENT

recommended to see the hygienist every 3-4 months throughout treatment. The cost per appointment is £60. Please arrange these appointments at the beginning of your treatment with reception.

Orthodontic braces do not cause cavities, but they do trap food particles and increase the likelihood of you developing cavities or decalcification (white) marks. Most patients are able to prevent these problems with a combination of a good healthy balanced diet, good tooth brushing habits and regular check ups with the family dentist. You should brush your teeth immediately after eating, using the proper techniques for brushing with braces. If brushing right away is not possible, vigorously rinsing with several mouthfuls of water is helpful. Excellent oral hygiene and plaque removal are musts. Remember to avoid sugar, fizzy drinks and between meal snacks. Check for loose brackets daily. If any part of your orthodontic appliance becomes loose, call our surgery immediately to schedule an appointment. When you miss appointments and are not seen regularly by us, treatment times will increase.

Swollen Gums and Periodontal Problems: Your braces may touch or press on your gums in some areas of your mouth. This gum tissue may get sore and swollen if you do not brush well. Your gums and braces need to be brushed and cleaned thoroughly after eating to keep them healthy. Let your dentist know right away if you suspect you have sore gums. Periodontal disease may lead to receding gums and gradual loss of supporting bone for your teeth. Some people are more susceptible to the disease than others. The exact causes are unknown, but there are some well-established contributing factors, including unsatisfactory oral hygiene, accumulation of plaque and debris around teeth and gums, incorrect brushing and general health problems

A non-vital or dead tooth is a possibility: A tooth that has been traumatized from a deep filling or even a minor blow can die over a long period of time with or without orthodontic treatment. An undetected non-vital tooth may flare up during orthodontic movement, requiring endodontic (root canal) treatment to maintain it. On rare occasions, teeth that have been previously traumatised have large fillings, or periodontal problems, may experience tooth discolouration and/or nerve degeneration during orthodontic treatment. In such cases, root canal treatment might be necessary to maintain the health of a tooth. Bleaching may also be recommended to restore a more natural tooth colour. The cost of this treatment will be discussed with your dentist and is NOT part of the fees quoted for your Teeth straightening procedure

Root resorption: In some cases, the root ends of the teeth are shortened during treatment. This is called root resorption. Under healthy circumstances the shortened roots are no disadvantage. However, in the event of gum disease in later life the root resorption may reduce the longevity of the affected teeth. It should be noted that not all root resorption arises from orthodontic treatment; it can also be caused by trauma, cuts, impaction, endocrine disorders and idiopathic reasons. Some patients are predisposed to this occurring, while most are not. Slight changes in root length are usually insignificant, but occasionally with severe changes, the longevity of the teeth involved may be jeopardised. The incident may increase with extended orthodontic treatment. Your co-operation during treatment is very important in the prevention of root resorption.

Impacted Teeth: Teeth are 'impacted' when they stay partially or completely under the gum. While impaction usually occurs when your teeth are too crowded for a new tooth to emerge, it can also happen for no apparent reason. Treatment depends on the cause and the importance of the impacted tooth to the jaw structure. The most common impacted teeth are the 'wisdom teeth'. These teeth may not grow into place properly because the jaw does not have sufficient room to accommodate proper eruption. We may recommend their extraction.

Ankylosed Teeth: In some instances, teeth will not move because they are attached to the jaw-bone (ankylosed). When a tooth is ankylosed, adjacent teeth may be forced to move, which may affect your bite. An ankylosed tooth may require surgery for movement into place or removal

Growth issues: Occasionally a person who has grown normally and in average proportions may not continue to do so. If growth becomes disproportionate, the jaw relation can be affected and original treatment objectives may have to be compromised. Skeletal growth disharmony is a biologic process beyond our

PATIENT CONSENT FORM TO BEGIN ORTHODONTIC TREATMENT

control. Some orthodontic patients will require surgery to obtain a reasonable treatment result to complete their case. Most patients we can inform ahead of time prior to starting any treatment that this is necessary. Some patients with poor growth, poor response to treatment, or poor co-operation may also require oral surgery to complete their cases. Fastbraces® technology is a non-extraction and non-surgical treatment to align and straighten your teeth. We in some cases use this technology as an alternative for surgery cases.

Gum tissues: The bone-gum relationship around teeth is always dependent upon whether there is enough bone to support the gum tissue properly. Many times when very crowded teeth are straightened there is a lack of bone and supporting gum tissues surrounding the teeth. Therefore, the gum tissue contour and support may not be adequate and require periodontal intervention. This is not a common issue, but must be mentioned for completeness.

Treatment time: The total time for treatment can be delayed beyond our estimate. Lack of co-operation, broken appliances and missed appointments are all important factors that could lengthen treatment time and affect the quality of the result. Using Fastbraces® we will plan to have braces on and off as quickly as possible. Most cases will be completed between 3-12 months. In difficult or stubborn teeth movements, finishing may take longer.

X-rays/OPG/CBCT and Photographs: X-rays or OPG/CBCT scans are taken at the beginning and end of treatments. X-rays/OPG/CBCT assess bone morphology and levels and also root parallelism. Photographs will be taken at all stages of the treatment. This is very important in the progression of your case. Photos will be the property of the dentist, however we will email your photos to you for FREE at the end of treatment. The photos also will be emailed to Fastbraces® and other colleagues. If there is more than 20-25% bone loss around your teeth, a fixed retainer will be strongly recommended to keep your teeth in an ideal position

Bone level: If your bone level is under 20%-25% loss (discussed with your dentist) long-term stability will be much more likely. If your bone had been lost prior to the starting of Fastbraces®, Fastbraces may still be used, however long term stability cannot be guaranteed. You will therefore not be applicable for the lifetime satisfaction guarantee. This will be discussed

Allergies: the brackets and wires are made of different metal groups and rarely these can cause a reaction. If any symptoms occur, it is your responsibility to inform your dentist straight away. An alternative may be offered, but any cost differences will be the patients' responsibility to pay for.

TMJ: There is a risk that problems may occur in the temporomandibular joints (TMJ). Although this is rare, it is a possibility. Tooth alignment or bite correction sometimes can improve tooth related causes of TMJ pain, but this is not in all cases. Tension appears to play a role in the frequency and severity of joint pains, and there are many other causes of TMJ dysfunction. During the orthodontic process (teeth straightening) you may experience some discomfort, tenderness, crepitus (noise) popping clicking, headaches, earaches and pain from your jaw joint. These symptoms are usually temporary and will improve with time. You MUST inform your dentist of such symptoms. There is always the risk when moving teeth that conditions may develop and this needs to be consented for.

Some of the most common causes of TM disorders (TMD) are chronic muscle tension associated with clenching or gnashing of the teeth, or habits such as gum chewing or stressed jaw posture at work or during sleep. The symptoms may originate with a joint disease, such as arthritis or result after a previous trauma, such as a blow to the face or sometimes from a whiplash type injury. The severity of the symptoms may be affected by tension, mood, and emotional distress. Neck and shoulder muscle tension may be a major contributor by referring pain and tightness to the jaws and face. Severity of symptoms may be exaggerated by faulty function of the pain suppression system at various levels of the nervous system.

In the past, it was believed that an imperfect bite (dental malocclusion) or a mal-positioned lower jaw was the cause of TMD problems. However, occlusion as a cause of TMD has not been well demonstrated, despite many investigations seeking to test this relationship. 'Bite problems' that occur with TMD are most often the result of the problem rather than the cause of the problems. TMD are musculoskeletal problems similar to

PATIENT CONSENT FORM TO BEGIN ORTHODONTIC TREATMENT

aches and pains on other joints of the body. A TMD is most often treated as a medical problem and not necessarily a dental problem. Treatment may require specialised care from other health professionals such as a TMD specialist, physical therapist, and stress control specialist. These procedures are beyond the scope of the usual orthodontic treatment, and if they are indicated, additional costs may be incurred.

If your TMD symptoms prevent you from wearing elastics, or any other appliance to correct your bite, your dentist may recommend an alternate or compromise treatment. Any TMD signs or symptoms should be reported promptly to your dentist.

Very unusual occurrences: Swallowed appliances, chipped teeth, dislodged restorations and allergies to latex or nickel rarely occur but are possible.

Tooth Attrition and Enamel Loss: The biting surfaces of adult teeth are frequently worn down by tooth grinding or jaw clenching behaviour. Tooth interferences during jaw movements can also contribute to tooth wear. As your teeth move during orthodontic treatment, your bite will steadily change and new interferences may arise. Halting enamel loss is not easy. It is difficult for orthodontics alone to establish a bite completely free from interference during jaw movement. Psychological stress or conditioned habits may be the cause of grinding or clenching. The biting surface of the teeth may need reshaping by special dental procedures. In some cases, an appliance to control the rate of enamel wear may be considered. Such procedures are beyond the scope of usual orthodontic therapy.

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 other reason the doctor feels necessary. If termination is necessary, the patient will be given ample time to locate another Fastbraces® dentist to continue treatment or the braces will be removed.

Expectations: The aim of treatment is to straighten your teeth in the least possible time frame in harmony with your dental health. Most cases take 3-12 months. It is very important YOU discuss your desires and wishes about treatment outcomes with your smile and teeth. Even though every effort is made to meet your expectations certain biological and anatomical variations may hinder the outcome with respect to time or final results. It is YOUR responsibility to discuss if your goals or desires change through treatment. We will endeavour to meet your goals and level of expectations, within realistic levels.

All orthodontic patients can expect improvement with their particular problem, but, in many cases, absolute perfection is impossible due to lack of muscle balance, tooth shapes and sizes and varying degrees of co-operation during treatment, along with heredity aspects that affects everyone's specific treatment results. All symptoms experienced whilst wearing braces are individual. The most common issues are rubbing of the brackets on the side of the cheeks. The wire can dig into the cheek mucosa and can cause sores and ulcers. Brackets may come off and need to be re-glued onto the teeth. If this occurs on a regular (more than 2 times) there will be an additional fee of £20 per bracket that will be discussed by your dentist at the time.

Taking off braces and Retainers: Teeth have a tendency to return to their original position after orthodontic treatment. This is called relapse. Very severe problems have a higher tendency to relapse and the most common area for relapse is the lower front teeth. Braces will only be taken off when discussed with you and both parties are happy with the final results. Once braces are removed two sets of retainers are made for the patient. A fixed retainer is offered to ALL patients available at £150.00 per arch. This helps maintain straight teeth and is needed if patients are not going to wear the plastic retainers. It is also highly recommended if bone loss is more than 20% -25%. After braces are removed, a positioner or retainers are placed to minimize relapse. Full co-operation in wearing these appliances is vital. When retention is discontinued some relapse is still possible.

Elastic Wear: it is paramount of importance to use Elastic bands throughout treatment when advised by your dentist. Normally worn in the evenings and night-time, these will help settle your new bite and close spaces between your jaws. The wearing of elastics is solely the responsibility of the patient and the dentist cannot

PATIENT CONSENT FORM TO BEGIN ORTHODONTIC TREATMENT

complete this part of the process. If elastic bands are not worn consistently it will delay treatment finishing and also the quality of the end result. The dentist will give NO refund if the end result is not to the desires of the patient.

Metal Braces: Because your braces may project from your teeth, a blow to the face can scratch or cut the inside of your lips or cheeks. Loose or broken wires and bands can also scratch or irritate your cheeks, gums or lips. Your orthodontist will give you soft wax to cover problem areas like this. If problems develop, call the office for an appointment.

Dislodged or broken braces can be swallowed or inhaled. The risk of dislodging your braces is increased when sticky or crunchy foods are eaten. Do not eat hard sweets, ice, caramel or similar foods.

Ceramic Braces: Ceramic (clear) braces have been designed to improve the appearance, especially for the adult patient. These modern appliances have helped many adult patients receive the benefits of orthodontic treatment without it being obvious they are in treatment. Due to their brittle nature however, occasionally ceramic brackets have been known to break. Ceramic braces on the lower teeth may cause wear of the opposing teeth if in contact, or if the patient is a heavy tooth grinder. Enamel damage can occur at removal, but is uncommon. Your dentist will help you determine which braces will provide the best treatment results with a minimum of potential problems. If ceramic brackets de-bond (come off), we may insist they are replaced with metal brackets for a better strength and longevity.

Relapse Tendencies: 'Relapse' refers to the movement of the teeth back toward their original positions after your braces have been removed. Ideally, your teeth should remain stable after retention. However, teeth can move at any time, whether or not they have had orthodontic treatment. The most vulnerable teeth are those in the lower front. Periodontal disease, mouth breathing, and harmful tongue or oral habits can cause teeth to move. For these reasons, and many others beyond the control of your dentist, it cannot be guaranteed that your teeth will remain in a perfect position for the rest of your life. Your teeth are unlikely to 'relapse' to their original position if you use your retainer properly; but if you do not, you may undo much or all of the progress you have made. Some patients must wear a retainer indefinitely to keep their teeth aligned.

I consent to the taking of photographs, study models, x-rays and OPG/CBCT scans before, during and after orthodontic treatment to assist in the planning and progress treatment objectives. If the case proves to be of special scientific interest, the dentist reserves the right to present the records in scientific papers or demonstrations to the profession.

I certify that I have read the contents of this form and realise the risks and limitations involved, and consent to orthodontic treatment.

I hereby consent for orthodontic treatment at Straight Road Dental Practice. We will be using a system called Fastbraces® technology. It consists of one wire and braces fitted in different sections. I understand my doctor is NOT a Specialist Orthodontist but is experienced in using Fastbraces® and has over 9 years experience in all systems of teeth straightening systems. I agree to undertake Orthodontic teeth straightening process at Straight Road Dental Practice with your dentist Dr Santosh Patil (Dentist with Special Interest in Orthodontics)

THE ADVANTAGES AND DISADVANTAGES OF TREATMENT, THE ALTERNATE APPROACHES TO TREATMENT, THE TYPES OF APPLIANCES AND THEIR EFFECTS HAVE BEEN DISCUSSED AND UNDERSTOOD. POTENTIAL RISKS AND COMPLICATIONS FROM BRACES HAVE BEEN EXPLAINED AND UNDERSTOOD.

Patient/Parent/Guardian Signature

Witness Signature

Dentist Signature

Date