



orthodontics by design, PC
ARTFULLY DESIGNING BEAUTIFUL SMILES

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INFORMED CONSENT

Dr. Angel Gangoy

The American Association of Orthodontists endorses the following information for parents and patients considering orthodontic care. Please read it carefully. Also, note that the pronoun you is used for you as the patient or you as the parent or guardian.

Benefits of Orthodontic Treatment

Orthodontics is an exciting treatment that can provide better dental health and comfort, improved appearance and an enhanced self esteem. Orthodontics plays an important role in improving one's oral health, and in achieving balance and harmony between the teeth and face for a beautiful, healthy smile.

As a general rule, an informed and cooperative patient can achieve positive orthodontic results. Thus, the following information is routinely given to all who are considering orthodontic treatment. While recognizing the benefits of healthy teeth and a pleasing smile, you should also be aware that orthodontic treatment has limitations and potential risks. These are seldom serious enough to indicate that treatment should be avoided, but they should be considered in making the decision whether or not to undergo orthodontic treatment. Orthodontic treatment usually proceeds as planned; however, as in all areas of the healing arts, results cannot be guaranteed, nor can all consequences be anticipated. Because of individual conditions present and the limitations of treatment imposed by nature, each specific benefit may not be attainable for every patient. The unknown factor in any orthodontic correction is the genetic makeup of the patient and/or their response to the orthodontic treatment.

The purpose of the procedures is to 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. Orthodontics enables the teeth to be positioned to distribute the forces of chewing throughout the mouth to minimize the stresses on the bones, roots, gum-tissue and jaw joints. Orthodontics may eliminate potential dental problems including abnormal tooth wear. It may also reduce tooth decay and future periodontal problems by making good oral hygiene and care for the teeth and gums easier.

Risks of Orthodontic Treatment

All forms of medical and dental treatment including orthodontics have risks and limitations. Fortunately, complications are infrequent in orthodontics, and when they do occur, they are usually of minor consequence. Nevertheless, they should be taken into account in deciding whether to undergo orthodontic treatment. Following are some of the primary concerns involved in orthodontic treatment. Some of these items may not be pertinent to your particular situation. However, each should be read, understood and considered when making the decision to have orthodontic therapy.

Please initial the following:

_____ **Hygiene.** Tooth decay, gum disease, or permanent white markings (decalcification) on the teeth can occur, particularly if the orthodontic patient eats foods containing excessive sugar and/or does not properly and frequently brush his/her teeth. Also, excessive drinking of soda, diet or not, and fruit and sports drinks can cause and exacerbate decalcification. The same problems can occur without orthodontic treatment, but the risk is greater to a person wearing braces or other appliances. These problems can be aggravated if the patient has not had the benefit of fluoridated water or its substitute. We do several things to help you avoid these problems. The bonding agents and cements we use often contain fluoride to protect underneath the braces and around them. However, they will not protect near the gum line or in between the teeth. This is where most patients will have a problem. Also, upon receiving your braces, you will be given an oral hygiene kit and instructions on how to care for your teeth and braces. It is mandatory that you continue regular dental visits, have good oral hygiene and rinse with a fluoridated mouth rinse the best possible care. It may be necessary to see your dentist more frequently especially if you have periodontal problems.

Remember, oral hygiene is the responsibility of the patient and not the orthodontist.

_____Periodontal Disease. The bone and gum tissue that support the teeth may be affected by orthodontic tooth movement especially when poor oral hygiene and an unhealthy condition already exists and in some rare cases when it doesn't. In general, however, orthodontic treatment lessens the possibility of tooth loss or gum infection due to the misalignment of the teeth or jaws. Inflammation of the gum tissue and loss of the supporting bone can occur particularly if the bacterial plaque is not removed daily through good oral hygiene. If you have periodontal disease, it is necessary to be monitored by your periodontist and/or dentist while you are undergoing orthodontic treatment. Also, if the teeth were initially crowded, the gum tissue may not fill the space below the contact point of the teeth resulting in the appearance of a black triangular space. If the periodontal problem cannot be controlled, orthodontic treatment may have to be discontinued prior to completion.

_____Root Resorption. In some patients, particularly adults and patients in treatment a long time, the roots of some teeth may become shorter during orthodontic treatment. This is known as root resorption. Usually this shortening is minimal and does not have significant consequences, but on rare occasions it may become a threat to the longevity, stability and/or mobility of the teeth involved. Also, impacted teeth can sometimes resorb the roots of adjacent teeth as well as those teeth with very small, thin roots. We cannot predict which patients will have root resorption. Radiographs (x-rays) may be taken periodically to check the condition of the roots.

_____Retainers. Teeth have a tendency to change their positions after treatment. Proper wearing of the retainers should reduce this tendency. Throughout life the bite can change adversely from various causes, such as eruption of wisdom teeth, genetic influences which control the size of the tongue, the teeth and the jaws, growth and/or maturational changes, mouth breathing, tongue thrusting, playing of musical instruments and other oral habits – all of which may be beyond the control of the orthodontists. There are times when tooth and/or jaw positions may change adversely following treatment to a degree that additional treatment is recommended. The extent of further treatment would depend on, among other things, the nature of the problem and might involve a variety of potential treatment modalities including the wearing of braces again. The phrase "retention for life" is often justly used in orthodontics.

_____TMD, TMJ. Occasionally problems may occur in the jaw joints, i.e. temporomandibular joints (TMJ), causing pain, headaches, or ear problems particularly in a patient who clenches or grinds their teeth or frequently chews on hard objects. Also, if a person has suffered trauma to the face and/or jaws, they may have a greater risk of having these symptoms. These problems may occur with or without orthodontic treatment. Any of these symptoms should be reported to the orthodontist immediately.

_____Tooth Development, Eruption. Development and eruption of teeth are complex processes. Occasionally, primary (baby) teeth become fused to the bone (ankylosis) and will not move. This is particularly true when there is no permanent tooth to follow the primary tooth. The fused primary tooth then remains lower than the rest of the teeth that continue to erupt during normal development. Often these teeth need to be removed. This problem can also occur in permanent teeth, particularly if they have suffered trauma, have an unusual eruption path, or require surgical exposure. Sometime, impacted teeth that require surgical exposure may be ankylosed and therefore need to be removed. There is no way to assess ankylosis prior to attempted movement of the tooth. Teeth requiring removal often need to be replaced with an implant.

_____Traumatized Teeth. A tooth/teeth may have been traumatized by an accident or a tooth may have large fillings that can cause damage to the nerve of the tooth. Orthodontic movement may, in some cases, aggravate this condition and in some instances require root canal therapy to save the tooth. Usually, this would be required even if orthodontic treatment had not been done.

_____Nerve Damage. A tooth that has been traumatized by an accident or deep decay may have experienced damage to the nerve of the tooth. Orthodontic tooth movement may, in some cases, aggravate this condition. In some cases, root canal treatment may be necessary. In severe cases, the tooth or teeth may be lost.

_____Orthodontic Discomfort. Orthodontic appliances are composed of very small parts connected together. They could be accidentally swallowed, aspirated, or could irritate or damage the oral tissues such as lip, cheek, tongue and gum. Cheeks and lips may be scratched or irritated by loose or broken appliances or by trauma to the face or mouth. Tenderness after an adjustment is normal and will vary from patient to patient. This tender period usually lasts only 24-48 hours and can be relieved by over-the-counter analgesics. We do not recommend aspirin products or prolonged use of pain relievers.

_____Tooth Injury, Mouthguards. Patients may inadvertently get scratched, poked or receive injury to a tooth with potential damage to or soreness of oral structures. Abnormal wear of the teeth is also possible if a patient grinds the teeth excessively. Also, if a patient is abusive with their braces, the enamel of the teeth may be damaged since the braces are bonded to the teeth. Patients are encouraged to wear a protective mouthguard in activities where there is a risk of injury. Make sure to ask the Doctor what the best type of mouthguard is for you.

_____ **Jaw Surgery.** Oral surgery, tooth removal or orthognathic surgery (surgical realignment of jaws) may be necessary in conjunction with orthodontic treatment, especially to correct crowding or severe jaw imbalances. You should discuss the risks involved with treatment and anesthesia with your general dentist, oral surgeon or other specialist before making your decision to proceed with this procedure.

_____ **Extractions.** Some cases will require the removal of deciduous (baby) teeth or permanent teeth. There are additional risks associated with the removal of teeth which you should discuss with your family dentist or oral surgeon prior to the procedure.

_____ **Third Molars.** As third molars (wisdom teeth) develop, your teeth may change alignment. The orthodontist will monitor them in order to determine when and if the third molars need to be removed.

_____ **Growth.** Atypical formation of teeth or abnormal changes in the growth of the jaws may limit our ability to achieve the desired result. At times, changes after treatment require additional treatment and, some cases, may include jaw surgery. Growth disharmony and unusual tooth formations are biological and/or genetic processes beyond the orthodontist's control. Growth changes that occur after active orthodontic treatment may adversely alter the treatment results.

_____ **Treatment Time.** The total time required to complete treatment may exceed the estimate. Excessive or deficient bone growth, poor cooperation in wearing the appliances including headgear and elastics for the prescribed time, poor oral hygiene, broken appliances, missed appointments and other factors can lengthen the treatment time and can adversely affect the quality of the end result.

_____ **Material Sensitivity.** Orthodontic appliances (braces) are selected to provide a specific therapeutic result. The type of appliance, construction and material content may vary. Most braces are made of stainless steel that contains nickel. Some patients may have allergies to component materials that may result in adverse reactions and require alteration or cessation of orthodontic treatment with corresponding limits on the success of therapy. Although exceedingly rare, medical management of dental material allergies may be required.

_____ **Occlusal Adjustment.** You can expect minimal imperfections in the way your teeth meet following the end of treatment. An occlusal equilibration procedure may be necessary, which is a grinding method to use fine-tune the occlusion. It may also be necessary to remove a small amount of enamel in between the teeth, thereby "flattening" surfaces in order to reduce the possibility of a relapse.

_____ **Tooth Variation.** Due to the wide variation in the size and shape of teeth, missing teeth or abnormal position of the teeth such as transposition, an ideal result (for example, complete closure of space) may not be able to be achieved. Restorative procedures may be required for a successful treatment. The most common types of dental treatment are cosmetic bonding, crown and bridge restoration and/or periodontal therapy. You are encouraged to ask question about adjunctive medical and dental care.

_____ **Health.** General medical problems, such as bone, blood or endocrine disorder, can affect the orthodontic treatment. You should keep your orthodontist informed of any changes in your health status.

_____ **Allergies.** Occasionally, patients can be allergic to some of the component materials of their orthodontic appliances. This may require a change in treatment plan or discontinuance of treatment prior to completion. Although very uncommon, medical management of dental material allergies may be necessary.

_____ **Use of Tobacco Products.** Smoking or chewing tobacco has been shown to increase the risk of gum disease and interferes with healing after oral surgery. Tobacco users are also more prone to oral cancer, gum recession, and delayed tooth movement during orthodontic treatment. If you use tobacco, you must carefully consider the possibility of a compromised orthodontic result.

_____ **Temporary Anchorage Device (TAD).** Your treatment may include the use of a temporary anchorage device(s) (i.e. metal screw or plate attached to the bone.) There are specific risks associated with them. It is possible that screw(s) could become loose which would require its/their removal and possible relocation or replacement with a larger screw. The screw and related material may be accidentally swallowed. If the device cannot be stabilized for an adequate length of time, an alternate treatment plan may be necessary. It is possible that the tissue around the device could become inflamed or infected, or the soft tissue could grow over the device, which could also require its removal, surgical excision of the tissue and/or the use of antibiotics or antimicrobial rinses. It is possible that the screws could break (i.e. upon insertion or removal.) If this occurs, the broken piece may be left in your mouth or may be surgically removed. This may require referral to another dental specialist. When inserting the device(s), it is possible to damage the root of a tooth, a nerve, or to perforate the maxillary sinus. Usually these problems are not significant; however, additional dental or medical treatment may be necessary. Local anesthetic may be used when these devices are inserted or removed, which also has risks. Please advise the doctor placing the device if you have had any difficulties with dental anesthetics in the past.

If any of the complications mentioned above does occur, a referral may be necessary to your family dentist or another dental or medical specialist for further treatment. Fees for these services are not included in the cost for orthodontic treatment.

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 condition and decide to live without orthodontic correction or improvement. Alternatives to orthodontic treatment for any particular patient depend on the specific nature of the individual's orthodontic problems, the size, shape and health of the teeth, the physical characteristics of the supporting structure and patient's esthetic consideration.

Alternative could include, but are not limited to:

- Extraction of permanent teeth versus treatment without extraction
- Orthognathic surgery versus treatment without orthognathic surgery
- Possible prosthetic solutions
- Possible compromised approaches

You may wish to discuss possible treatment alternatives with t prior to beginning orthodontic care.

Limited Treatment

Some patients do not require the usual amount of time to achieve a desired orthodontic result and, therefore, need only limited orthodontic treatment. However, some patients choose not to proceed with a proposed full treatment and seek treatment only to address a certain concern e.g. aligning the front teeth only for esthetic reasons. Often, for some patients, all that is necessary is alignment of some specific teeth. However, if you choose a limited orthodontic treatment over a full, comprehensive treatment, you must realize this will not usually favorably alter the bite, relationship of the jaws and/or facial balance. Choosing a limited orthodontic treatment over a full orthodontic treatment may not lead to the result that you expect. Therefore, selecting an option less than the ideal therapy may have less than ideal results.

Surgical Considerations

If the treatment plan presented by the doctor includes surgical movement of the jaws as well as orthodontics, the following items should be considered in making the decision to proceed with treatment.

- Movement of the teeth with orthodontic appliances prior to the orthognathic surgery is done to position them in their respective jaws, not to correct the bite in the present jaw position. The appearance and the bite may actually worsen during presurgical orthodontic treatment.
- Changing the treatment plan at the patient's request from a surgical to a non-surgical treatment can cause increased treatment time and/or a compromise in treatment results.
- A change in treatment plan should also be discussed with your family dentist, other specialist and oral surgeon.
- Orthognathic surgery can create financial concerns. A consultation with an oral and maxillofacial surgeon before treatment begins is helpful in making the decision whether or not to proceed with the proposed treatment plan.

After considering all of the information provided above, you will be asked to sign the following before beginning orthodontic treatment.

ACKNOWLEDGMENT 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 other problems that occur less frequently or are less severe, and that the actual results may be different from the anticipated results.

Dr. Gangoy has briefly discussed and will more thoroughly discuss the orthodontic treatment for

_____. I have been asked to make a choice about that treatment.

Dr. Gangoy has presented information to aid in the decision-making process, and I have been given the opportunity to ask him all questions I have about the proposed orthodontic treatment and information contained in this form.

Consent to Undergo Orthodontic Treatment

I hereby, consent to taking of diagnostic records and to Dr. Gangoy and appointed staff providing orthodontic treatment described by her for the above individual. I fully understand the risks associated with the treatment. **I understand the relationship of orthodontic treatment and the following: Hygiene, Root Resorption, Periodontal Disease, Retainers, TMJ/TMD, Tooth Development/Eruption, Traumatized Teeth, Orthodontic Discomfort, Tooth Injury, Headgear, Jaw Surgery, Growth, Occlusal Adjustment, Treatment Time, Ceramic Braces, Material Sensitivity, Tooth Variation, TAD, Nerve Damage, Use of Tobacco Products, Allergies and overall Health.**

Authorization for Release of Patient Information

I hereby authorize Dr. Gangoy and appointed staff to provide other health care providers with information regarding the above individual's orthodontic care as deemed appropriate by Dr. Gangoy in accordance with the HIPAA Privacy Act. I understand that once released, Dr. Gangoy has no responsibility for any further release by the individual receiving this information. I also understand that, as the responsible party, financial information will be released only to me unless I give Dr. Gangoy written authorization. (I also authorize Orthodontics By Design, PC to release financial information to

_____ when requested without written authorization.) _____(initial)

Surgical Supplement

If the orthodontic treatment plan includes the correction of the malocclusion by orthodontic appliance (braces) therapy in conjunction with orthognathic (corrective jaw) surgery, I understand that oral surgery is necessary in conjunction with the above patient's orthodontic treatment. I authorize Dr. Gangoy to communicate with the surgeon and release information from the above patient's records to the designated surgeon. I acknowledge that expenses incurred from the surgery are separate from orthodontic treatment expenses, and I will be responsible to the surgeon and hospital for all such expenses. I understand that if I do not complete the surgical component of the treatment plan that I may have a compromised treatment result and other complications. I hereby agree not to hold the above doctor liable for any compromised treatment resulting from my failure for any reason to follow the treatment plan.

AUTHORIZATION

Signature of Patient, Parent or Guardian

Date: _____

Signature of Orthodontist

Date: _____

Witness

Date: _____

Patient's Authorized Representative

If you are consenting to the care of another: I have a legal authority to sign this on behalf of

_____ Relationship to Patient: _____

Signature

Date: _____

Witness

Date: _____