

# JACKSONVILLE UNIVERSITY

## School of Orthodontics

### *IMPORTANT INFORMATION ABOUT YOUR ORTHODONTIC TREATMENT*

Orthodontic treatment like other forms of medical treatment offers tremendous benefits. Likewise, there are occasional problems that patients sometimes encounter. Most of the time these problems are usually not severe enough to contraindicate treatment however they should be considered before deciding to undergo orthodontic therapy. Please indicate your understanding of these facts by signing below.

**DISCOMFORT:** As your teeth move they may become slightly loose and this may be uncomfortable. Patients usually get used to this within a short period of time and once the braces are removed the teeth tighten up again. If you are having any pain – call your doctor, let us help. Also, your teeth may hurt for a day or two after an adjustment. This is normal and simple over-the-counter painkillers will be helpful.

**ORAL HYGIENE:** Properly brushing your teeth is a MUST. If proper oral hygiene is not maintained permanent marks and scarring of the teeth can result. Poor brushing can also lead to cavities as well as to gum disease. In severe cases, treatment may have to be stopped before it is completed or teeth may be lost. **You are responsible for continuing to see your regular dentist for check-ups and cleanings at least twice a year. Please don't expect us to replace your general dentist.**

**ROOT DAMAGE:** During tooth movement is not unusual for the tips of the roots of your teeth to shrink slightly. This is not significant unless it becomes severe. If this happens we may have to discontinue treatment before it is completed. This condition may also occur as teeth are developing and erupting into the mouth. We will monitor your teeth throughout treatment and alert you to any significant changes.

**TMJ / MPD:** Sometimes during treatment, a patient's jaw joint will become painful, inflamed, or restricted. On rare occasions it becomes severe enough to require either additional treatment by your dentist or other specialists; or, cause your treatment to be discontinued before it is completed. If you are having ANY problems in this regard – let your doctor know.

**RELAPSE:** Change is everywhere and orthodontics is not immune. In children there are rapid periods of growth that cause dramatic changes in the size or the position of one's jaws. In adults, this change is merely the result of aging. Either way, orthodontic results are not 100% stable and some movement is normal. We can't control genetics, habits, growth, the size of your teeth, and other factors that can cause teeth to shift slightly after treatment is completed. When treatment is complete, we will provide you with retainers which you will have to wear to help minimize this movement but nothing lasts forever, including straight teeth.

**DAMAGE FROM APPLIANCES:** Certain types of braces carry some associated risks. Ceramic braces may cause slight damage to the teeth they are attached to as well to the teeth they bite against. Patients have occasionally reported allergic reactions to the acrylic in their removable appliances, the latex used in the rubber bands and gloves, while others have had similar reactions to some of the metals used in traditional braces. Finally, there have been rare instances where a patient has suffered an eye injury because of improper headgear (night brace) use.

**TREATMENT DECISIONS:** Occasionally, patients have skeletal problems but are unwilling to undergo facial surgery to correct them. When this happens, certain compromises in the result have to be accepted. Similar compromises result when one chooses to only treat a limited aspect of a more involved problem. Braces are also often undertaken in preparation for other dental procedures that may not be followed through on. Finally, putting off treatment can sometimes result in not being able to achieve the best correction. Decisions like these can cause a less than ideal result.

**OTHER DENTAL TREATMENT:** On rare occasions undergoing orthodontic therapy may cause the nerve of a tooth to die thus requiring a root canal. In addition, the inability to fully close an extraction space or the loss of a tooth undergoing surgical exposure are also rare side effects associated with undergoing orthodontic treatment. Also, we have no control over the type or quality of treatment rendered by other dentists.

**ANATOMIC LIMITATIONS:** Occasionally, a patient's teeth are not the correct size or shape for the size of the patient's jaw. This may result in slight spacing or the need for bonding, crowns, or caps at the end of treatment. Also teeth can only be moved so far and if the jaws are too big or too small facial surgery may be required.

**PATIENT COOPERATION:** Patient cooperation such as following your doctor's instructions and keeping regularly scheduled appointments is absolutely necessary for optimal results to be achieved. If not, treatment time may have to be extended. Also, if patients continue to engage in harmful oral habits such as thumb sucking or grinding your teeth, the stability of the finished result may be compromised.

**PATIENT PRIVACY:** Like all healthcare services, my doctor may have to consult with other healthcare professionals concerning my treatment. Permission is hereby granted to exchange medical and dental information about me / my child only as it relates to providing and paying for orthodontic treatment. In addition, because treatment is being rendered at a teaching institution, I give permission for photos, x-rays, models and clinically relevant data of me / my child to be used in scientific publications, presentations, and/or continuing dental education courses and for no other purpose.

**OTHER:** \_\_\_\_\_  
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I fully understand the proposed orthodontic therapy and have had the opportunity to ask questions about my proposed treatment. I also understand the potential benefits and the risks as noted above. In addition, I accept that during treatment certain circumstances may arise requiring either a discontinuation of or a change from the original treatment plan. If either of these occurs, it may result in adjustments to the cost of treatment. Finally, I understand that the fee presented to me is only for orthodontic treatment and if other dental treatment is necessary, such as cleanings, extractions, cavities, gum treatments, etc., there will be additional fees charged for those services by the doctors who will render those services.