



INFORMED CONSENT

INFORMATION FOR ORTHODONTIC PATIENTS AND PARENTS

As a rule, desirable orthodontic results can be achieved with informed and cooperative patients. While recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that orthodontic treatment, like any treatment of the body, has some inherent risks and limitations. These are seldom enough to contraindicate treatment, but should be considered in making the decision to wear an orthodontic appliance. Please feel free to ask any questions. Our goal is to achieve a functional occlusion in every patient. However, in dealing with human beings and problems of growth and development, as well as genetics and patient cooperation, achieving our goal is not always possible. Therefore, a functionally adequate and esthetically acceptable result must be deemed satisfactory.

ORAL HYGIENE: Proper oral hygiene and plaque removal is a must. Sugars and between meal snacks should be eliminated as well as very hard and sticky foods. Decalcification (permanent markings) decay, or gum disease can occur if patients do not brush their teeth properly and thoroughly during the treatment period. We recommend that all patients continue to see their family dentist before and during orthodontic treatment for routine dental care.

TOOTH VITALITY: Discoloration and/or dead teeth are seldom related to orthodontic treatment. On occasion the nerve of a tooth may become non-vital. A tooth that is traumatized from a deep filling or even a minor blow can die over a long period of time with or without orthodontic treatment. A non-vital tooth may flare up during orthodontic movement. Subsequent endodontic (root canal) treatment may be necessary to maintain it.

ROOT RESORPTION: In some cases, the root ends of the teeth may shorten during treatment. This is called root resorption. Under healthy circumstances, the shortened roots are of little disadvantage. However, in the event of gum disease in late life the root resorption could reduce the longevity of affected teeth. It should be noted that not all root resorption arises from orthodontic treatment. Trauma, cuts, impaction endocrine disorder, or unknown reasons can also cause root resorption.

RETENTION: Teeth have a tendency to return toward their original position after treatment. Usually there is only minor movement. However, faithful wearing of retainers reduces this tendency tremendously. The lower front teeth are a common site for these changes, and you should expect some minor changes in this area.

GROWTH DISHARMONY: Occasionally, a person who has grown normally and in average proportion may not continue to do so. If growth becomes disproportionate, the jaw relation can be affected and original treatment objectives may have to be altered. Skeletal growth disharmony is a biological process, which may be beyond the orthodontist's control.

TMJ: There is also a slight risk that problems may occur in the temporomandibular joints (TMJ). Although this is not common, it is a possibility. Tooth alignment or bite correction may improve tooth-related causes of TMJ pain, but not in all cases. Everyday tensions appear to play a role in the frequency and severity of joint pains.

INJURY FROM HEADGEAR: Headgear instructions must be followed carefully. A headgear that is pulled outward while the elastic is attached can snap back and result in serious injury to the face or eyes. Be sure to release the headgear carefully in the sequence as instructed by our office.

LENGTH OF TREATMENT TIME: The total length of treatment time can be longer than estimated. *Lack of bone growth, poor patient cooperation, broken appliances, and missed appointment* are important factors, which can lengthen treatment and affect the quality of the end result. An additional fee may be assessed that was not included in your original contract.

Let's make every effort to do this right. It takes cooperation from everyone - we orthodontist's and our staff - as well as the patient and his/her family. We thank you in advance for your cooperation in the matter.

I fully understand the nature of the orthodontic problem and the reason for treatment. The alternatives have been explained to me, one of which is no treatment and the possible results if nothing is done. I have had an opportunity to ask all questions which I have, and they have been fully answered to my satisfaction.

I have read and understand the above and consent to treatment. I give permission to Dr. Razdolsky to use my clinical photographs and study models for educational purposes, in scientific journals and clinical magazines.

Signature of patient or responsible person

Date

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