



INFORMED CONSENT

Parent Name and Surname:.....

Patient Name and Surname:.....

As a rule excellent orthodontic results can be achieved with informed and co-operative 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 contra-indicate treatment but should be considered in making the decision to wear orthodontic appliances.

PREDICTABLE FACTORS THAT CAN AFFECT THE OUTCOME OF ORTHODONTIC TREATMENT-

Co-operation:

The lack of co-operation is the most common cause of excessive treatment time. The following factors are important for the best results:

Keep your regular, scheduled appointment. Missed appointments create many scheduling problems and lengthen treatment time.

Good oral hygiene is essential and includes daily brushing and flossing.

Wear elastics, headgears, bite plates, twin blocks, retainers and any other appliances as instructed.

Eating habits will have to be modified slightly so as not to dislodge the appliances used.

Wearing of retainers following the removal of the fixed orthodontic appliances is critical to the success of the orthodontic treatment.

Report broken appliances to the surgery at your earliest convenience. These broken appliances will need to be repaired during a morning appointment.

Failure to follow these instructions may result in a compromised treatment or early suspension of the orthodontic treatment, which may be worse than no treatment at all. Good co-operation throughout treatment is the best guarantee of achieving a wonderful smile and a good bite.

Appliances:

A number of appliances may be used, it is important that instructions are followed

Braces: These project from the teeth and a blow to the face can scratch or cut the inside of the lips or cheeks. Loose or broken wires, bands and or brackets can hurt and scratch the cheeks, gums or lips. Soft wax will be given to cover areas that cause irritation.

Loose or broken braces can be swallowed or inhaled. Hard and sticky foods will increase the risk of dislodging or breaking the appliances used. Foods to be avoided include carrots, apples, hard sweets, bubble-gum, popcorn, guavas, full grain bread etc.

Headgear: Follow the instructions that are given to you when the appliance is fitted. Remember to release all tension before removing. Do not wear the appliance while playing physical sport or activities. It is best to wear the appliance in the evening and whilst sleeping. If the headgear is detached from the tubes, or archwire hooks while the elastic force is engaged, it can snap back and cause injury, be careful.

Elastics: are used mainly to correct the bite. They are worn between the top and bottom teeth and must be worn 24 hours per day and changed once a day.

Bite plates & twin blocks: Must be worn at all times, including at meal times.

UNPREDICTABLE FACTORS THAT CAN AFFECT THE OUTCOME OF ORTHODONTIC TREATMENT.

Cavities, swollen gums, decalcification (white spots)

Orthodontic appliances do not cause cavities or swollen gums, but plaque is retained easily with brackets placed on teeth, resulting in an increased potential for cavity formation and/ or decalcification. The permanent white areas (decalcification) that are sometimes visible around the area of the brackets signal the early stages of a cavity formation.

“We strive to provide the service that we ourselves would like to receive”.

“Ons streef daarna om die diens te lewer wat ons self graag sou wou ontvang”.

DR K C JOHANNES
BChD (UWC), BSc Hons, MChD (ORTHO)(STELL)
ORTHODONTIST
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Check daily for loose brackets or bands and report them to us as soon as possible. Loose appliances greatly increase the likelihood of cavity formation.

Brushing the gums as well as between the gum and the bracket margin is important in maintaining healthy gums and teeth. The gums will become sore and swollen if you do not brush and floss and may lead to periodontal disease. Should periodontal problems persist and cannot be controlled, treatment will be discontinued.

Nonvital or dead tooth

Loss of tooth vitality (when the nerve dies within the tooth) can occur with or without orthodontic treatment. The tooth is usually discoloured. The infection and inflammation may flare up during movement and require root canal therapy by your dentist. Treatment may need to be discontinued for up to 6 months to prevent any deleterious effects to the tooth.

Root resorption

Shortening of root ends, although uncommon, can occur when teeth are moved during orthodontic treatment, yet this may occur without orthodontic treatment. It is difficult to predict individual susceptibility. Trauma, impacted teeth, endocrine disorders or idiopathic (unknown) reasons also cause this.

Impacted teeth: - teeth unable to erupt normally

In attempting to move impacted teeth, especially eyeteeth, problems are sometimes encountered which may lead to the loss of a tooth/ or teeth, and/ or periodontal problems.

Facial growth patterns

Unusual skeletal patterns and insufficient or undesirable facial growth can compromise the dental results, affect a facial change and cause shifting of teeth during retention. Surgical assistance may be recommended in these situations.

Temporomandibular joint (TMJ) problems

Possible TMJ problems may develop with this sliding joint, on which the lower jaw moves either before, during or after orthodontic treatment and should be reported immediately. This is a rare occurrence. Tooth alignment or bite correction can improve tooth-related causes of TMJ pain, but not in all cases. Treatment may require specialized care from other health professionals and additional costs may be incurred. Any TMJ signs and or symptoms should be reported to your orthodontist.

FEES

By agreeing to treatment a contract is entered into (*locatio conductio operis*). If the payment of the fees as per our arrangement is not forthcoming then the contract is breached. This would entitle the orthodontist to cease treatment until an effort is made to address the imbalance. It is incumbent upon the patient to see the orthodontist regularly for health checks during these periods.

If no objections are received, your records may be made available for orthodontic research and discussions.

I certify that I have read this document and realize the risks and limitations of orthodontic treatment.

Furthermore I realize that orthodontic treatment results cannot be guaranteed.

I hereby agree to the fee arrangement and consent to treatment.

SIGNATURE:.....

PERSON RESPONSIBLE FOR THE ACCOUNT/PARENT/PATIENT

DATE:.....

Sincerely,

Dr.Keith Johannes

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