

Informed Consent and Patients Consent to Treatment

What is consent?

Informed consent is the consent you give us to perform treatment procedures after you have been told about and understand the significant risks, which are present in the treatment procedures. We are asking you for your Informed Consent. We are asking you to give us permission to perform the proposed treatment.

About your Orthodontists:

Dr. Lingenbrink and Dr. Davis are highly trained professionals who specialize in orthodontics. Their education, training, skill, and experience fully qualify them to perform the treatment procedures that have been explained to you. Although they will bring to bear all of their skill and training, patients will not always obtain a perfect result. While the doctors can and will control every aspect of the treatment they perform, they have no control over many of the variables involved. Genetic makeup, health, habits, attitudes, developmental stress and current ability to cope with daily stress, are but a few examples of the variables over which the doctors have no control, and each and every one of those variables can and will influence the progress of treatment and results obtained. Please understand that this explanation is not "hedging" nor is it an attempt by the doctors to avoid responsibility for correct treatment. It is a statement, which explains that even though the doctors perform treatment in a flawless manner the possibility exists that a patient may not get an ideal result because of external factors over which they have no control.

Results of Treatment

Orthodontic treatment usually proceeds as planned, and we intend to do everything possible to achieve the best result for every patient. However, we cannot guarantee that you will be completely satisfied with your results, nor can all complications or consequences be anticipated. The success of treatment depends on your cooperation in keeping appointments, maintaining good oral hygiene, avoiding loose or broken appliances, and following the orthodontists' instructions carefully.

Length of Treatment

The length of treatment depends on a number of issues, including the severity of the problem, the patient's growth and the level of patient cooperation. The actual treatment time is usually close to the estimated treatment time, but treatment may be lengthened if, for example, unanticipated growth occurs, if there are habits affecting the dentofacial structures, if periodontal cooperation is not adequate. Therefore, changes in the original treatment plan may become necessary. If treatment time is extended beyond the original estimate, additional fees may be assessed.

Discomfort

The mouth is very sensitive so you can expect an adjustment period and some discomfort due to the introduction of orthodontic appliances. Non-prescription pain medication can be used during this adjustment period.

Relapse

Completed orthodontic treatment does not guarantee perfectly straight teeth for the rest of your life. Retainers will be required to keep your teeth in their new positions as a result of your orthodontic treatment. You must wear your retainers as instructed or teeth may shift, in addition to other adverse effects. Regular retainer wear is often necessary for several years following orthodontic treatment. However, changes after that time can occur due to natural causes, including habits such as tongue thrusting, mouth breathing, and growth and maturation that continue throughout life. Later in life, most people will see their teeth shift. Minor irregularities, particularly in the lower front teeth, may have to be accepted. Some changes may require additional orthodontic treatment or, in some cases, surgery. Some situations may require non-removable retainers or other dental appliances made by your family dentist.

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.

Orthognathic Surgery

Some patients have significant skeletal disharmonies that require orthodontic treatment in conjunction with orthognathic (dentofacial) surgery. There are additional risks associated with this surgery, which your doctor should discuss with your oral and/or maxillofacial surgeon prior to beginning orthodontic treatment. Please be aware that orthodontic treatment prior to orthognathic surgery only aligns the teeth within the individual dental arches. Therefore, patients discontinuing orthodontic treatment without completing the planned surgical procedures may have a malocclusion that is worse than when they began treatment!

Decalcification and Dental Caries

Excellent oral hygiene is essential during orthodontic treatment as are regular visits to your family dentist. (We suggest that orthodontic patients see their dentist at least twice a year, every six months, for a periodic examination and cleaning). Inadequate or improper hygiene could result in cavities, discolored teeth, periodontal disease and/or

decalcification. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances. These problems may be aggravated if the patient has not had the benefit of fluoridated water or its substitute, or if the patient consumes sweetened beverages or foods. Foods containing sugar and between meal snacks should be eliminated as they can adversely affect dental health.

Unfavorable Growth

Occasionally a person who has grown normally and in average proportions may not continue to do so. If insufficient growth occurs, or if it is in the wrong direction, an unfavorable growth response is the result, persistent mouth breathing (abnormal breathing patterns) may cause facial growth to occur in the wrong direction. Some degree of compromise may be necessary in the orthodontic treatment if these conditions persist. For a more optimal result jaw surgery may be required.

Root Resorption

The roots of some patients' teeth become shorter (resorption) during orthodontic treatment. It is not known exactly what causes root resorption, nor is it possible to predict which patients will experience it. However, many patients have retained teeth through out life with severely shortened roots. If resorption is detected during orthodontic treatment, your orthodontist may recommend a pause in treatment or the removal of the appliances prior to the completion of orthodontic treatment.

Nerve Damage

A tooth that has been traumatized by an accident or deep decay may have experience 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.

Periodontal Disease

Periodontal (gum and bone) disease can develop or worsen during orthodontic treatment due to many factors, but most often due to the lack of adequate oral hygiene. You must have your general dentist, or if indicated, a periodontist monitor your periodontal health during orthodontic treatment every three to six months. If periodontal problems cannot be controlled, orthodontic treatment may have to be discontinued prior to completion.

Injury From Orthodontic Appliances

Activities or foods which could damage, loosen or dislodge orthodontic appliances need to be avoided. Loosened or damaged orthodontic appliances can be inhaled or swallowed or could cause other damage to the patient. You should inform your orthodontist of any unusual symptoms or of any loose or broken appliances as soon as they are noticed. Damage to the enamel of a tooth or to a restoration (crown, bonding, veneer, etc.) is possible when orthodontic appliances are removed. This problem may be more likely when esthetic (clear or tooth colored) appliances have been selected. If damage to a tooth or restoration occurs, restoration of the involved tooth/teeth by your dentist may be necessary.

Headgears

Orthodontic headgears can cause injury to the patient. Injuries can include damage to the face or eyes. In the event of injury or especially an eye injury, however minor, immediate medical help should be sought. Refrain from wearing headgear in situations where there may be a chance that it could be dislodged or pulled off. Sports activities and games should be avoided when wearing orthodontic headgear.

Temporomandibular (Jaw) Joint Dysfunction

Problems may occur in the jaw joints, i.e. temporomandibular joints (TMJ), causing pain, headaches or ear problems. Many factors can affect the health of the jaw joints, including past trauma (blows to the head or face), arthritis, hereditary tendency to jaw joint problems, excessive tooth grinding or clenching, poorly balanced bite, and many medical conditions. Jaw joint problems may occur with or without orthodontic treatment. Any jaw joint symptoms, including pain, jaw popping or difficulty opening or closing, should be promptly reported to the orthodontist. Treatment by other medical or dental specialist may be necessary.

Impacted, Ankylosed, Unerupted Teeth

Teeth may become impacted (trapped below the bone or gums), ankylosed (fused to the bone) or just fail to erupt. Often times, these conditions occur for no apparent reason and generally cannot be anticipated. Treatment of these conditions depends on the particular circumstance and the overall importance of the involved tooth, and may require extraction, surgical exposure, surgical transplantation or prosthetic replacement.

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 used to 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.

Non-Ideal Results

Due to the wide variation in the size and shape of the teeth, missing teeth, etc., achievement of an ideal result (for example, complete closure of a space) may not be possible. Restorative dental treatment, such as esthetic bonding, crowns or bridges or periodontal therapy, may be indicated. You are encouraged to ask your orthodontist and family dentist about adjunctive care.

Third Molars

As third molars (wisdom teeth) develop, your teeth may change alignment. Your dentist and/or orthodontist should monitor them in order to determine when and if the third molars need to be removed.

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.

Ceramic Brackets

We do not normally use ceramic brackets but will if the patient so request; however, the use of ceramic brackets may involve occasional breakage. As with any orthodontic appliance, care must be exercised to avoid breakage so that treatment is not interrupted and so those small particles will not be swallowed or aspirated.

Debonding Procedures

During removal of braces, it may not always be possible to remove all the adhesive initially. Any remaining adhesive will usually wear off eventually. As stated before, we do not normally use ceramic brackets, but will if requested by the patient. Removal of ceramic brackets may fracture enamel even when extreme care is exercised and may require bonding to restore any defects that may be created. This seldom is a problem, but you must be aware of the possibility particularly if your teeth may be genetically malformed. The possible occurrence of enamel fracture is seldom enough to contraindicate orthodontic treatment.

General Health Problems

General health problems such as bone, blood or endocrine disorders, and many prescription and non-prescription drugs (including bisphosphonates) can affect your orthodontic treatment. It is imperative that you inform your orthodontist of any changes in your general health status.

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 Devices

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 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 also 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.

Discontinuation of Treatment

If it becomes evident that poor cooperation, missed appointment, or unusual problems are prolonging treatment unnecessarily or unfavorably influencing dental health, treatment may be discontinued. Of course, if this ever becomes necessary, it will be thoroughly discussed with you.

Cooperation

Total commitment to precisely and faithfully follow our directions is required in order to maximize chances for getting the result that we all want. Orthodontics is a joint effort, and it cannot be successful without complete cooperation. Additional treatment charges may be made for: extended treatment time due to lack of cooperation, excessive breakage (more than 5 attachments), lost or broken retainers or tooth positioners, retention period in excess of two years, two or more broken appointments without 48 hour notice.

Transfer Out of Practice

In the event a patient transfers out of our practice or has their treatment discontinued, the formula we use to pro-rate the patients financial ledger is as follows: 25% earned at banding, 50% earned for the first half of treatment, and 25% earned for the last half of treatment. (Certain additional treatment fees may also apply) Invisalign cases: In the event of early discontinuation of treatment, the case fee will be recalculated based on the pre-treatment and ongoing laboratory and set-up expenses, along with the length of time the patient has been in treatment. I understand that in the event of early discontinuation of treatment the minimum fee earned by and due to Dr. Lingenbrink and Dr. Davis will be \$3500.00.

Failed or Rescheduled Appointments

After two or more broken appointments, there will be a charge of \$50.00 for each additional occurrence. (We require 48 hours advance notice with all cancellations or reschedules)

If any of the complications mentioned above do 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.

ACKNOWLEDGEMENT

I hereby acknowledge that I have read and fully understand the treatment considerations and risks presented in this form. I also understand that there may be other problems that occur less frequently than those presented, and that actual results may differ from the anticipated results. I also acknowledge that I have discussed this form with the undersigned orthodontist(s) and have been given the opportunity to ask questions. I have been asked to make a choice about my treatment. I hereby consent to the treatment proposed and authorize the orthodontists indicated below to provide the treatment. I also authorize the orthodontist(s) to provide my health care information to my other health care providers. I understand that my treatment fee covers only treatment provided by the orthodontist(s), and that treatment provided by other dental or medical professionals is not included in the fee for my orthodontic treatment.

CONSENT TO UNDERGO ORTHODONTIC TREATMENT

I have read the foregoing document and I have discussed any concerns where I thought necessary, and I am satisfied that I have a full understanding of the proposed treatment and risks involved. I hereby consent to the making of diagnostic records, including x-rays, before, during and following orthodontic treatment, and to Dr. Lingenbrink and Dr. Davis and, where appropriate, staff providing orthodontic treatment prescribed by Dr. Lingenbrink and Dr. Davis and for the individual below. I fully understand all of the risks associated with the treatment.

Patient Signature

Date

X _____
Parent/Guardian Signature
(If patient is under 18 years of age)

Date

Witness Signature

Date

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICIES/AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

I have read a copy of Dr. Lingenbrink's and Dr. Davis' Notice of Privacy Policies. I hereby authorize both Dr. Lingenbrink and Dr. Davis to provide other health care providers with information regarding the above individual's orthodontic care as deemed appropriate. I understand that once released, the above doctors and staff has have no responsibility for any further release by the individual receiving this information. For questions concerning our Notice of Privacy Policies, please contact our office.

X _____
Signature

Date

CONSENT TO USE OF RECORDS

I hereby give my permission for the use of orthodontic records, including photographs, made in the process of examinations, treatment, and retention for purposes of professional consultations, research, education, or publication in professional journals.

X _____
Signature

Date