ALAN MARCUS, DDS, MSD

Marcus Orthodontics
Specialist In Orthodontics

Patient Name: _____

LIMITATIONS AND RISKS OF TREATMENT

This information is provided to all persons considering orthodontic treatment. *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 inherent risks and limitations.* These are seldom enough to rule out treatment, but should be considered. Please note that it is impossible to list every possible circumstance so that this has to be considered an incomplete list.

DECALCIFICATION (permanent markings of the teeth), DECAY OR GUM DISEASE These problems may occur if the patient does not cooperate with brushing and flossing correctly. Excellent plaque removal and oral hygiene are a must. Regular dental check-ups and cleanings during orthodontic care are important.

ROOT RESORPTION On occasion, the ends of the roots of teeth are shortened during the treatment. In the event of subsequent gum disease, this root end resorption could reduce the longevity of affected teeth. Under healthy circumstances, the shortened teeth are no disadvantage.

RETURN OF ORIGINAL PROBLEM *Throughout life, tooth positions change.* This is true of all individuals regardless of whether they have worn braces or not. Many problems tend to return by a factor of 10% or so. We treat to the highest standards and hold the result carefully. Careful cooperation will keep this rebound to a minimum. *Part-time retainer wear for life is advised for most people.*

FACIAL GROWTH PATTERNS Unusual skeletal patterns and insufficient or undesirable facial growth can compromise the dental results. This can affect a facial change and also cause shifting of teeth during retention. In some instances surgical assistance may be recommended. Skeletal growth disharmony is a biological process beyond an orthodontist's control.

TEMPOROMANDIBULAR JOINT (TMJ) PROBLEMS Some patients are very sensitive to even a slight discrepancy in their bite. These patients may suffer from noise or pain in the joint of the lower jaw (near the ear). This may occur during or after orthodontic treatment. It also happens in patients who have never had orthodontic treatment. Let us know if you suspect the problem so we can help with it.

DEVITALIZATION It is possible for a tooth to die during orthodontic treatment, especially if it was previously injured, bumped or was impacted. Sometimes such injuries are unknown to the patient or parents. Such previous injuries cannot be detected. For that reason, a tooth may die and the reason for it may not be apparent. Root canal treatment may be recommended if you have such a problem. Extraction is usually not necessary.

TREATMENT PROGRESS Can be delayed beyond our forecast very easily. Lack of facial growth, poor headgear cooperation, poor hygiene, broken appliances and missed appointments are all important factors. The doctors reserve the right to terminate treatment if adverse health conditions occur or poor cooperation becomes a factor. Any request to discontinue treatment or to remove an appliance or to do anything other than that advised by the doctors automatically releases them from any further responsibility for the patient.

INJURY FROM APPLIANCES Headgear instructions must be carefully followed. Cold sores, canker sores and irritation or injury to the mouth are possible while wearing braces. Allergic reactions to dental materials or medications are rare but can occur. Orthodontic appliances may be accidentally swallowed or aspirated. On rare occasions, when dental instruments are used, the patient may inadvertently get scratched, poked or receive a blow with potential damage or soreness.

ADDITIONAL TREATMENT Unforeseen circumstances (growth changes, gum disease) may cause the doctors to recommend a form of treatment not previously discussed. If this occurs, they will carefully explain the reasons for a change in the treatment plan and any extra fee before proceeding. Also before, during or after orthodontic treatment there may be a need for extraction of teeth, fillings, crowns, bridges, gum treatment or other dental procedures. Risks involved should be discussed with the provider.

SUCCESS OF TREATMENT We intend to do everything possible to provide the best result and it is our opinion that the treatment will be beneficial. However, we cannot guarantee that the proposed treatment will be successful to your complete satisfaction. Due to individual patient differences, there exists a possibility of failure, relapse or selective retreatment despite the best of care. As a rule, excellent orthodontic results can be achieved with an informed and cooperative patient.

TREATMENT PERMISSION

I have read the above information and have had an opportunity to discuss the information thoroughly, No treatment was a discussed option. All questions have been answered to my satisfaction so I now authorize all necessary orthodontic treatment. I also give permission for the use of any or all my orthodontic records for purposes of professional consultations, research, education or publication in professional journals.

DATE	PATIENT'S OR PARENT'S SIGNATURE (MINORS)	PRINT NAME

Reset form PRINT

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