



PATIENT AGREEMENT and INFORMED CONSENT FOR COSMETICALLY FOCUSED TOOTH ALIGNMENT

This Patient Agreement contains important information about your Short Term Orthodontic treatment. BY SIGNING THIS PATIENT AGREEMENT, YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO ALL OF THE TERMS AND CONDITIONS IT CONTAINS. Please read carefully and ask questions about any areas that are unclear:

Scope of Treatment: Our objective is to align/straighten your anterior/front teeth, usually without significant bite change, in a reasonable time frame (4-9 months). You may have aspects of your bite that will not be addressed with this treatment, such as, but not limited to, molar relationships/posterior cross bite, overjet, underjet, facial profile, TMJ (jaw joint) problems, displaced tooth roots and midline discrepancies. Full correction of the items just mentioned can often involve years of orthodontic treatment by an orthodontist specialist. The goal of this cosmetically focused and short-term orthodontic treatment is to correct your chief cosmetic complaints, **which you have shared with us**. This treatment is NOT a replacement for traditional comprehensive orthodontic treatment by an orthodontist specialist. This cosmetically focused treatment is an alternative for people who are not interested in traditional comprehensive orthodontic treatment and are seeking a more **COSMETICALLY FOCUSED ORTHODONTIC TREATMENT OPTION THAT CAN BE PROVIDED OVER A SHORTER PERIOD OF TIME.**

Hygiene: BRUSH your teeth, gums, braces and wires thoroughly after each meal and before going to bed. Poor oral hygiene can result in puffy, bleeding gums and permanent white spots on the teeth. **Inflammation and bleeding gums will delay your treatment.** An interproximal brush is the best way to clean around your braces and will be provided to you at your insertion appointment. They can then be purchased from most any grocery/drug store after that. Use this brush between your teeth at the gum-line. We do reserve the right to suspend or delay treatment if your oral hygiene is poor. Please keep your teeth and braces clean!

Hard Food: DO NOT EAT hard food such as popcorn, ice, caramels or hard candy. These foods can break the brackets. CUT UP foods such as meats, apples, carrots etc. before eating them.

Soreness: After the braces are put on, the teeth may be sore, usually for 1-2 weeks. Advil/Motrin (ibuprofen) or Aleve (naproxen) may be taken to relieve this (please read the package insert for dosages). If the soreness prohibits eating even soft food, please phone for an appointment so any necessary adjustments may be made. If the inside of your lips are sore, the wax that is provided can be used as a cushion over the braces until the lips/cheeks become accustomed. Taking pain medication prior to your monthly adjustment appointments can help minimize any discomfort.

Jaw Joint: There are some patients who will develop a popping/clicking or other problems in their jaw joint during or after orthodontic treatment. This is very rare. Usually, orthodontic treatment provides a positive effect on the jaw joint. You should understand that pre-existing joint conditions can manifest as a popping or clicking after orthodontic treatment, but orthodontic treatment by itself has not been shown to cause popping/clicking of the jaw joints.

Root resorption: There are some very rare patients who will develop root resorption following orthodontic movement of their teeth, resulting in short roots which may cause the teeth to become loose and risk coming out. However, research has shown that ANY orthodontic treatment has the risk of causing root resorption (approximately 4% of adults). In fact, higher rates of root resorption occur the longer the braces are on (<http://www.jdentaled.org/content/72/8/895.long>).

Main Objective: UNDERSTAND THAT THE MAIN OBJECTIVE OF YOUR ORTHODONTIC TREATMENT IS TO ALIGN YOUR FRONT TEETH FOR COSMETIC REASONS. Your bite and the relationship of your back teeth are not the focus of this treatment. Three to six months may be required after treatment for your bite to settle and be completely comfortable. Significant changes in your lip profile necessitate jaw surgery, which you have stated that you are not seeking. You are aware of these objectives and limitations of short-term orthodontic treatment. You fully understand that your course of treatment may not result in complete orthodontic correction. This is not the mainstream orthodontic treatment philosophy and many orthodontists will disagree with this type of orthodontic treatment since it does not aim to completely correct/change the bite relationship.

A Cephalometric (measured) radiograph (x-ray) will not be taken: Many records (cephalometric radiograph, mounted orthodontic models, etc.) typically taken in association with traditional comprehensive orthodontics will not be done. These records do not provide us with essential information for performing anterior/front cosmetic tooth alignment. Therefore, they are not typically taken in association with cosmetic tooth alignment.

You understand that these types of records (cephalometric radiograph, mounted orthodontic models, etc.) **will not be part** of your pre-treatment records. If you desire more information about this topic, please ask Dr. Petty.

Technique: Space will be made by enamel reproximation (smoothing between the teeth to allow the teeth to move into place). This allows limited tooth movement in the area of the crowding. Rarely, sensitivity is possible from this, but is transient/short-term. Alternative treatment options to make space include tooth extraction, which we only perform in extreme cases of crowding. Upper and lower dental midlines will not be made to line up for most cases, as midline changes often require years of treatment. On occasion, bonding may be needed to provide an even appearance of the edges of front teeth whether because of stubborn tooth movement or misshapen teeth.

Standard of Straightness: We seek to straighten/align teeth to a very high level with cosmetically focused orthodontic treatment. If, however, numerous custom requests arise which Dr. Petty feels take an inordinate amount of extra time, or in fact, may not even be possible to achieve, we reserve the right to refer you to an orthodontic specialist for conventional comprehensive orthodontic treatment, without a refund of monies paid up until that point in treatment.

Retention: Teeth have a tendency to rebound to their original positions after orthodontic treatment. Very severe problems have a higher tendency to relapse, and the most common type of relapse occurs with twisted/crooked teeth. Retainers will be placed immediately following bracket removal to minimize relapse. These bonded retainers must be kept in for as long as you want your teeth to remain in their final position. If the retainer de-bonds/comes loose in any amount, you should have it re-bonded before the teeth start to return to their original position.

Cleanings: You should have a least one professional cleaning during your treatment. If you have an appointment for a cleaning already scheduled, please keep it. This is not required, but highly encouraged.

Appointments: Please keep your monthly adjustment appointments! Missed appointments can result in delayed completion. Please notify us at least 48 hours in advance should you need to reschedule since another patient may need this time slot. There may be a fee assessed for all broken appointments or short notice cancellations.

Payment: All fees must be paid in full at the Records/Impressions Appointment, unless other arrangements have been made with our accounting staff.

Moving: If you plan on moving during orthodontic treatment, it is advisable to complete your treatment with our office. It would be difficult to change doctors during treatment.

Disclaimer: You understand that Dr. Petty, who is providing your cosmetic tooth alignment is a **General Dentist** and **NOT an Orthodontist specialist**.

STATEMENT:

I HAVE READ THIS PATIENT AGREEMENT AND HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION. I FULLY UNDERSTAND THE TERMS OF THIS AGREEMENT.

Patient/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

Dentist Signature: _____ Date: _____