HappySmile

GABINET STOMATOLOGII I MEDYCYNY ESTETYCZNEJ

CONSENT TO ORTODONTIC TREATMENT

PATIENT:.....

Description of the proposed orthodontic treatment:

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Description of possible complications during and after orthodontic treatment:

1. Dental caries and decalcification. Orthodontic appliances do not cause caries, but they do serve as a site for additional retention of food debris and plaque. Poor hygiene can increase the risk of caries and decalcification (white spots). Wearing fixed appliances does not exempt the patient from regular cleanings by a hygienist and checkups with a dentist every 6 months.
2. Gum swelling and periodontal disease. Periodontal problems can occur at any stage of orthodontic treatment, and are most often caused by inadequate hygiene. They can also be caused by specific bacterial flora and genetic predisposition. In such cases, a visit to a periodontist and checkups every 3-6 months are necessary. Patients with periodontal disease can be treated with fixed appliances, but this should only be done when the disease is in remission. Active periodontal disease is an absolute contraindication to orthodontic treatment. Periodontal disease is very rare. The most common symptom is simple gingivitis (swelling and bleeding), which resolves immediately after implementing proper hygiene.
3. Root shortening (resorption). Root shortening of varying degrees can occur during treatment. Unfortunately, it is impossible to predict which patients may be affected by this problem. This process is genetically determined. All orthodontic treatment is associated with minor root resorption and does not cause any negative consequences. Only aggressive root shortening is an indication for discontinuing treatment. It is important to note that in isolated cases, spontaneous root shortening can occur in individuals not receiving orthodontic treatment. Repeated radiographs may be necessary to monitor treatment progress.
4. Treatment Duration. Treatment duration depends on many factors: the severity of the defect, growth potential, patient age, and compliance. The average duration of active orthodontic treatment is 2 years +/- 6 months and may be extended if unforeseen adverse growth events occur, impacted teeth are being brought in, or severe morphological defects are being treated. Treatment duration may also vary depending on the individual susceptibility of the patient's tissues (bone and soft tissue) to the applied orthodontic forces. The stated duration only covers active treatment. A retention period (often lasting several years) is then required. Significant extensions to treatment duration occur if the patient fails to return for appointments on time, brackets become detached, appliances are damaged, or intermaxillary elastics are not worn.
5. Temporomandibular Joints. Temporomandibular joint pain can occur with or without orthodontic treatment. It is most often caused by excessive clenching and grinding of teeth. Post-traumatic conditions, rheumatoid arthritis, and a congenital predisposition to joint disorders can also cause these symptoms. They are more common in women. Symptoms of TMJ occur in patients aged 9-30, which coincides with the period of orthodontic treatment. Any symptoms should be reported to your orthodontist immediately, as they may require consultation with a specialist.
6. Injuries caused by orthodontic appliances. During treatment, damage to the hard and soft tissues of the oral cavity can occur. Minor abrasions may appear on the tongue and cheeks, especially in the first few days after fitting the appliance (using orthodontic wax can prevent these symptoms). These symptoms disappear after a period of adaptation and are of no practical significance. Damage to the enamel and any restorations may occur during the removal of the appliance.
7. Relapses. Completed orthodontic treatment does not guarantee perfectly straight teeth for life. To maintain the position of the teeth, it is necessary to wear retainers as recommended by the orthodontist (a retainer plate in the upper arch, and retainers in both the upper and lower arches). However, changes in tooth position can occur due to natural causes, such as tongue thrusting, mouth breathing, growth, and aging, as well as a lack of regular retention checks. Minor crowding, particularly in the lower incisors, develops over time and often must be accepted.
8. Allergy. In patients with allergies, allergic symptoms may develop during orthodontic treatment in response to increased concentrations of nickel, chromium, and copper ions from the orthodontic appliance. Allergic reactions can also occur after contact with acrylic.

I declare that I have been fully and comprehensibly informed about:

1. the state of my health,
2. the diagnosis,
3. the proposed and possible diagnostic and treatment methods, the foreseeable consequences of their use or omission, including the type and purpose of the planned treatment and other treatment methods (instead of the proposed one), as well as the risks and complications that may arise in this respect,
4. I am aware of and accept the costs associated with the conduct and completion of the treatment,
5. that the scope of health services as part of the orthodontic treatment planned on the date of signing this consent may change if unforeseen circumstances arise during the treatment, including those related to my health condition, etc. I consent to the estimated treatment cost being updated in such a situation by taking into account additional costs, in accordance with the applicable price list,
6. the need to strictly adhere to oral hygiene recommendations,
7. the need for hygiene visits every 6 months (unless otherwise instructed),
8. that the success of the treatment is contingent upon my full compliance with the doctor's recommendations, of which I have been informed in a manner I understand,
9. the need for regular follow-up visits and retention checks,
10. the estimated treatment cost ....., which I accept.

I also consent to the preparation of radiological and photographic documentation.

I hereby confirm that during my consultation with the physician, I had the opportunity to ask the physician questions regarding the manner of providing the healthcare service, its purpose, potential complications, and alternative treatment options (including omission of treatment), and I received comprehensive, accessible, understandable, and satisfactory answers to all my questions. I declare that I acknowledge that every healthcare service carries a risk of complications (including serious ones) that may occur even when maintaining the highest standards of knowledge, skill, and medical care.

I confirm that I have read and understood the above information, as well as the information provided to me by the physician, including, in particular, information regarding risks and complications. I voluntarily and knowingly consent to undergo orthodontic treatment.

Date, legible signature of physician .....

Date and legible signature of Patient .....

(in the case of a minor patient
between 16 and 18 years of age, the legal guardian's consent must be concurrent)

I confirm that the patient/legal guardian has given informed consent to orthodontic treatment.

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date, signature, doctor's stamp