



# 4CLEAR ORTHO CONSENT

For your 4clear ortho result to be successful, you the patient must recognize that treatment is a partnership between you and your 4clear ortho team. Your doctor can not achieve the best result without your cooperation. While recognizing that straighter teeth is a health decision, you the patient must recognize that treatment has its limitations. Even though orthodontics has potential risks, alternatives need to be considered before you make this decision. Your doctor encourages you to discuss alternatives prior to beginning treatment.

4clear ortho is a sub specialty of Orthodontics. You are recognizing that even tough occlusion may be improved, but the goal is to straighten the front teeth to allow a healthier position.

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## TREATMENT RESULTS

Treatment usually will proceed as planned and your team will endeavor to achieve the best results for every patient. Your team is trained to anticipate possible complications, but they can't guarantee that all consequences will be anticipated. Treatment success depends on you the patient as well. Your team depends on your cooperation in keeping your scheduled appointment, keeping your teeth as clean as possible, avoid loose or broken appliances, and following your doctors instructions

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## RELAPSE

Upon finishing your treatment, you and your doctor have achieved the most ideal position of your teeth. You the patient agrees to wear retainers to keep your teeth's new position. Teeth have a tendency to change their position and regular retainer wear is necessary for several years. Once the retainer is not worn the patient understands that teeth can shift naturally. Habits such as tongue thrusting or mouth breathing can cause movement. Natural causes such as growth, wisdom teeth, and maturation can also cause tooth shifting. The patient understands that nightly retainer wear will minimize this shifting. You will wear the retainers as long as you want your teeth straight.

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### **Discomfort**

The mouth can become very sensitive. For your treatment to progress, it is necessary for your dentist to put pressure on the teeth to move to their ideal position. During this adjustment period non-prescription pain medication can be used to minimize discomfort.

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### **EXTRACTIONS**

Some cases require removal of permanent teeth. There are risks involved with removal of the teeth that should be discussed with your dentist prior to the procedure. Your 4clear team may need to have teeth removed to achieve the desired result

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### **ROOT RESORPTION**

The roots of some teeth can shorten (resorption) during orthodontic treatment. It is not possible to predict which teeth could be affected. If resorption is detected, your dentist may need to suspend treatment. The patient understands that the longer the treatment the greater the chance for this complication.

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### **JOINT DYSFUNCTION (TMJ)**

problems can occur in the jaw joints, causing pain, headaches, or ear problems. many issues are involved with the jaw joint from past trauma, previous problems, arthritis, excessive grinding or clenching, poorly balanced bite, and many other medical conditions. orthodontics can increase the frequency.

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### **TOOTH ADJUSTMENTS**

There will be instances which require your doctor to slenderize your teeth to make room during treatment. This is also used to prevent relapse, creating a flat surface to fit tighter. At the end of treatment due to the wide variation of tooth size and shape your doctor will need to equilibrate or adjust your bite by removing these interferences.

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### **NON-IDEAL RESULTS**

The patient realizes that some people have larger jaws than teeth and some space may remain. Your dentist will hide these spaces so they are not cosmetically compromising. Restorative treatment such as bonding or veneers may be indicated. You may need further treatment after your orthodontics is done.

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### **ALLERGIES**

Occasionally patients can be allergic to some components of the treatment or appliances. This may cause a discontinuance or change in treatment. Again your dentist is not aware of any of your allergies. The common components are made of plastics, resins, nickel, and titanium.

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### **DIET**

Do not eat hard foods, because they can damage your dental appliances and break brackets. Cut your foods before eating. We reserve the right to charge \$30 per bracket replacement. Lost trays cost \$100 each

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### **PERIODONTAL DISEASE**

Periodontal disease affecting the gums and bone can develop or worsen during treatment due to many factors. The most common cause is a lack of proper brushing and flossing. You must keep your dental cleanings appointments. If you can't maintain a healthy oral condition, treatment may be discontinued if the patient can't improve home care.

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### **INJURY FROM ORTHODONTIC APPLIANCES**

Certain activities and foods can cause damage, loosen, or dislodge your orthodontic components and appliances. The patient needs to inform their dentist as soon as it occurs to minimize possible injury and or lengthening treatment. If there is damage to the tooth your dentist may need to restore it.

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### **Decalcification and dental caries**

Proper oral hygiene (home care) is imperative inadequate or improper care can result in cavities, discolored teeth, periodontal disease, and decalcification. These problems can occur without orthodontic treatment, but the risk is greater with orthodontic appliances. Diet and home care must be monitored.

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### **TOBACCO PRODUCTS**

Smoking and tobacco products has been shown to increase gum disease and interferes with the bodies ability to heal. Tobacco users are more prone to oral cancer and delaying tooth movement. This can compromise your treatment. It can also stain your teeth and orthodontic appliances.

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### **ACKNOWLEDGEMENTS**

I acknowledge that i have read and fully understand the treatment considerations and plan provided by my dentist. I understand that there may be problems that might occur during treatment and actual results may differ from the anticipated results. I hereby consent to treatment and had the option of considering other treatments. **FURTHERMORE I UNDERSTAND THAT MY TREATMENT FEE ONLY COVERS THE ORTHODONTIC TREATMENT, AND THAT ANY OTHER TREATMENT PROVIDED BY MY DENTIST OR ANY OTHER PROFESSIONAL IS NOT INCLUDED IN THE FEE FOR MY ORTHODONTIC TREATMENT.**

**FURTHERMORE I UNDERSTAND THAT ANY COMPLICATIONS THAT MAY OCCUR, A REFERRAL MAY BE NECESSARY TO SEE ANOTHER PROFESSIONAL FOR FURTHER TREATMENT. FEES FOR THESE SERVICES ARE NOT INCLUDED IN THE COST FOR ORTHODONTIC TREATMENT.**

### **NOTES**



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SIGNATURE

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WITNESS

I have legal authority to sign on behalf of:

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NAME OF PATIENT

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RELATIONSHIP TO PATIENT