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## SUMMARY OF INFORMED CONSENT AND OFFICE POLICIES

This information is a brief summary for patients – and for parents of young patients – who are about to start a course of orthodontic treatment. Orthodontic treatment is the specialty of dentistry concerned with the alignment of the teeth and jaws to enhance the function and appearance of the face, bite and jaw joints. As a rule, excellent orthodontic results can be achieved with informed and cooperative patients. 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 some inherent risks and limitations. These are seldom enough to contraindicate treatment, but should be considered in making the decision to wear orthodontic appliances. We strive to obtain the best orthodontic result we can for each of our patients. However, there are a number of factors that may influence the orthodontic treatment and can limit the result.

### Orthodontic Examination and Pre-Treatment Records

In order to determine your treatment plan, we need to learn as much as possible about your orthodontic condition. This includes an examination, complete medical and dental history, and pre-treatment (diagnostic) records. Pre-treatment records include digital photographs of the face and teeth, a panoramic x-ray, a cephalometric (skull) x-ray, and impressions of the teeth for diagnostic study models.

### Treatment Planning and Consultation

We will design an orthodontic treatment plan specifically for you following the examination and study of your pre-treatment records. In the consultation, we will review any risks or limitations to your treatment and we will discuss any questions or concerns you may have in regards to your proposed treatment plan.

### Dental Check-Ups and Care

A dental check-up and all necessary dental treatment must be completed before beginning orthodontic treatment. It is vital that you continue to have regular check-ups with your family dentist every three to six months while in treatment. Routine dental care will help ensure the best possible results from your orthodontic treatment.

### Informed Consent

Before treatment begins, you will be asked to sign an informed consent form, verifying that you understand the potential problems and risks of orthodontic treatment. The informed consent will include detailed information regarding the following:

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|------------------------------|---|
| Patient Cooperation          | Growth Patterns                             |
| Ceramic Brackets             | Cavities and Decalcification                |
| Non-Vital or Dead Tooth      | Impacted Teeth                              |
| Root Resorption              | Jaw Joint Pain and/or Clicking (TMJ)        |
| Extractions                  | Headgear and Elastics                       |
| Ankylosed Teeth              | Tooth Attrition and Enamel Loss             |
| Periodontal Problems         | Injuries from Appliances                    |
| Tooth Size Discrepancy       | Injuries from Treatment/Unusual Occurrences |
| Periodic X-Rays              | Debanding Procedures                        |
| Orthognathic Surgery         | Treatment Time                              |
| Retention                    | Relapse Tendencies                          |
| Discontinuation of Treatment |   |

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