ORTHODONTIC TREATMENT CONTRACT

I UNDERSTAND that treatment of dental conditions pertaining to ORTHODONTIC TREATMENT (straightening or repositioning of teeth) includes certain risks and potential unsuccessful result. Even though great care and diligence will be used in treatment, no promises or guarantees for desired results can be made nor expected.

The Patient’s responsibility: Once treatment has begun, each appointment must be attended as scheduled. Each delayed or missed appointment will prolong the time necessary to complete treatment: (which can never be precisely determined) and may create problems making it impossible to achieve the desired results. It is the patient’s responsibility to follow the brushing and oral hygiene instructions that are given, so that no harm will come to the teeth and surrounding tissues: to adhere to the list of food restrictions in order to keep from damaging the teeth and orthodontic appliances: to wear headgear, elastic and retainers, if they are necessary, so that treatment time will be as short as possible and so we can achieve the best results; and to visit the general dentist at least every six months for checkups and dental care during the course of treatment. There will be additional orthodontic charges for replacement of appliances (such as retainers or brackets) that are lost or damaged due to repeated patient neglect, or any excessive extension of treatment due to lack of patient cooperation. Also, as treatment progresses certain adjunctive appliances may be necessary. 100% patient cooperation is very, very important.

There will be instructions given concerning special oral hygiene measures which must be followed. Informational and instructional literature will be given. It is the responsibility of the patient to thoroughly study and understand this material.

Decalcification or the permanent markings on the teeth, decay and/or gum disease can occur if teeth are not brushed properly and thoroughly during the treatment period. Sweets and between meal snacks must be eliminated. If desired results are to be achieved, this is absolutely necessary.

Teeth may become non-vital: this is always a possibility, with or without orthodontic treatment. Trauma from a blow, deep filings, etc. may cause the nerve tissue in the tooth to die. This can happen over a long period of time. Even though this problem may exist, it may be undetected at the beginning of orthodontic treatment, but through tooth movement it may exhibit itself. Root Canal treatment may then become necessary in order to preserve the tooth or teeth.

Gum Issues: occasionally a person who has grown normally and in average proportions may not continue to do so. If growth becomes disproportionate, the jaw relation can be affected and original treatment objectives may have to be compromised. Skeletal growth disharmony is a biologic process beyond the orthodontist’s control. Some orthodontic patients will require oral surgery to obtain a reasonable treatment result to complete their case. Most patients can inform ahead of time prior to starting any treatment that this is necessary. Some patients with poor growth, poor response to treatment, or poor cooperation may also require oral surgery to complete their cases.

Gum tissues: the bone-gum relationship around teeth is always dependent upon whether there is enough bone to support the gum tissue properly. Many times when very crowded teeth are straightened there is a lack of bone and supporting gum tissues surrounding the teeth. Therefore, the gum tissue contour and support may not be adequate and require periodontal intervention.

Root resorption: is a condition where roots may become shortened during treatment. Under healthy conditions, this is no serious disadvantage. However, if gum disease occurs in later life, the longevity of the teeth could be compromised. Other conditions can cause root resorption such as: trauma, cuts, impaction, endocrine disorders, or idiopathic (unknown) reasons.

Temporomandibular Joint (TMJ) dysfunction: can occur before, during or after orthodontic treatment. Many times the TMJ, even though the damage had begun long before the orthodontic treatment, because of the subtle changes in the bite through treatment, symptoms of this damage such as clicking, popping, cracking, pain, headaches, etc., may then become evident. Even though there were no apparent symptoms previously, these may begin to exhibit themselves during treatment. Should such symptoms occur, it may be necessary for the patient to be referred to TMJ specialist.

Relapse: Shifting of teeth might occur after braces are removed. For this reason, retainers are constructed which must be diligently worn for a period of time which will vary between patients. Retainers are made of materials that are subject to breakage no matter how well constructed. Retainers must be handled and used carefully. Repair changes may be made. Instructions will be given concerning these appliances.

Very unusual occurrences: swallowed appliances, chipped teeth, dislodged restorations and allergies to latex or nickel rarely occur but are possible.
Termination of treatment: It is understood that treatment can be terminated for failure to cooperate, missing appointments, not wearing appliances, excessive breakage, failure to keep financial commitments, relocation, personal conflicts or for any other reason the doctor feels necessary. If termination is necessary, the patient will be given ample time to locate another orthodontist to continue treatment or the braces will be removed.

I recognize that it is my responsibility to follow instructions completely and seek attention in a timely manner should any unexpected problems occur by informing this office immediately. I must explicitly follow any instructions, either written or oral, which have been given to me relating to this orthodontic treatment.

I acknowledge that no guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences there exists a risk of failure, relapse, selective retreatment, or worsening of my present condition despite the care provided. However, it is the Doctor’s opinion that therapy would be helpful. I understand that Dentistry is not an exact science and that, therefore, reputable practitioners cannot fully guarantee results.

I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK ANY QUESTIONS REGARDING THE NATURE AND PURPOSE OF ORTHODONTIC TREATMENT AND HAVE RECEIVED ANSWER TO MY SATISFACTION. I HAVE BEEN GIVEN THE ALTERNATIVE OF SEEKING CARE WITH AN ORTHODONTIC SPECIALIST. I DO VOLUNTARY ASSUME ANY AND ALL POSSIBLE RISKS, INCLUDING RISK OF SUBSTANTIAL HARM, IF ANY, WHICH MAY BE ASSOCIATED WITH ANY PHASE OF THIS TREATMENT IN HOPES OF OBTAINING THE DESIRED POTENTIAL RESULTS, WHICH MAY OR MAY NOT BE ACHIEVED. NO GUARANTEE OR PROMISES HAVE BEEN MADE TO ME CONCERNING ANY RESULTS FROM TREATMENT. THE FEE(S) FOR THESE SERVICES HAVE BEEN EXPLAINED TO ME AND I ACCEPT THEM AS SATISFACTORY. BY SIGNING THIS FORM, I ACCEPT ALL TERMS AND CONDITIONS EXPRESSED WITHIN IT AND FREELY GIVE MY CONSENT TO AUTHORIZE DR ASRA HASHMI, AND ANY AND ALL ASSOCIATES NECESSARY IN RENDERING SERVICES THAT HE/SHE DEEMS NECESSARY OR ADVISABLE FOR THIS SUBJECT ORTHODONTIC TREATMENT.

Patient Name:____________________________________________________ Gender: M F

Signature of Patient/Parent/Guardian:____________________________________________________ Date:___________________