

**Kay C. Betancourt D.M.D., M.S.**

*Orthodontic treatment remains an elective procedure. It, like any other treatment of the body, has some inherent risk and limitations. These seldom prevent treatment, but should be considered in making the decision to undergo treatment.*

**Tooth decay, gum disease, or permanent white markings (decalcification)** on the teeth may occur, if the orthodontic patient eats foods containing excessive sugar and / or does not brush his / her teeth frequently and properly.

In some patients, the **roots** of some teeth may be **shortened** during orthodontic treatment. Usually this shortening is minimal and does not have significant consequences, but on rare occasions it may become a threat to the longevity, stability and / or mobility of the teeth involved.

The **bone and gum tissue** which support the teeth may be affected by orthodontic tooth movement if any unhealthy condition already exists, and in some rare cases where it doesn't. Inflammation of the gum tissue and loss of supporting bone can occur particularly if bacterial plaque is not removed daily through good oral hygiene.

Teeth may have a tendency to change their positions after treatment. Proper wearing of **retainers** should reduce this tendency. There are times when tooth and / or jaw positions may change adversely following treatment to a degree that additional treatment is recommended.

Occasionally problems may occur in the jaw joints, i.e., temporomandibular joints (**TMJ**), causing pain, headaches or ear problems. These problems may occur with or without orthodontic treatment. Any of the above noted symptoms should be promptly reported to the orthodontist.

During movement of teeth, especially impacted teeth, there is a risk that the **tooth may fuse to the bone** (ankylosis) and will not move. This may require special procedures to stimulate movement which may or may not be successful. If attempts are unsuccessful, the tooth may need to be removed.

A tooth or teeth may have been traumatized by an accident or a tooth may have a large filling that can cause damage to the nerve of the tooth. Orthodontic movement may aggravate this condition and in some cases necessitate **root canal treatment**.

Orthodontic appliances are composed of small parts connected together. They could be **accidentally swallowed**, aspirated, or could irritate or damage the oral tissues. We will do our best to decrease the possibility of this happening at an appointment. If this occurs at home you should inform our office soon as possible.

A **headgear** may cause **injury to the face or eyes**, even blindness. Patients are warned not to wear their headgear or appliances during times of horseplay, playing sports or other competitive activity. Although our headgears are equipped with a safety system, we urge caution at all times.

Atypical formation of teeth, or abnormal changes in the growth of the jaws may limit our ability to achieve the desired result. **Growth disharmony** and **unusual tooth formations** are biological processes beyond the orthodontist's control. Growth changes that occur after active orthodontic treatment may adversely alter the treatment results.

The total time required to complete treatment may exceed the estimate. Excessive or deficient bone growth, poor **cooperation** in wearing the appliances or elastics the required hours per day, poor oral hygiene, broken appliances, missed appointments and other factors can lengthen the treatment time and can adversely affect the quality of the end result.

Some patients may have **allergies** to component materials that may result in adverse reactions and require alteration or cessation of orthodontic treatment with corresponding limits on success of therapy.

Due to a wide **variation in the size and shape of teeth**, or **missing teeth**, achievement of an ideal result (example: closure of space) may require restorative dental treatment.

General **medical problems**, such as bone, blood or endocrine disorders, can affect orthodontic treatment. Please keep your orthodontist informed of any changes in your health.

I hereby acknowledge that the major treatment considerations and potential risks of orthodontic treatment have been presented to me. I have read and understand this form and also understand that there may be other problems that occur less frequently or are less severe, and that the actual results may be different from anticipated results.

\_\_\_\_\_  
Signature/Patient, Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Orthodontist

\_\_\_\_\_  
Date