

ORTHODONTIC INFORMED CONSENT FORM

For:

This document provides including the potential risks and limitations, your responsibilities as a patient, and our financial policies. By signing this form, you acknowledge that you have read and understood these terms and agree to them before treatment begins. While we aim for the best results, your full cooperation is crucial for a successful outcome. Please note that it is impossible to list every possible circumstance, but the following represents our best estimate of the information you need.

Patient's Responsibility

Best orthodontic results are generally achieved by patients who understand their treatment goals and know what to do to fully participate in their orthodontic treatment. It is your responsibility:

- To follow oral hygiene instructions and adhere to food restrictions so no harm comes to your teeth, tissues, or orthodontic appliances.
- To be present for all appointments in a timely manner.
- To wear elastics, retainers, and headgear if they are necessary to achieve best results.
- To visit your general dentist at least every six months for an examination and cleaning.

Eating Habits

Please be mindful of the types of food you can eat and the manner in which you eat them. Fizzy drinks and sugary foods cause decay and are harmful to your teeth. Hard (e.g., bone, plantain chips, fried yam, roasted corn, popcorn, nuts, potato chips, lollipops), Sticky or Chewy foods (e.g., chewing gum, jelly), can damage braces components like the rubber bands, wires, or even the bracket itself . Foods that are usually bitten into such as bread, carrots and apples should be cut into thin slices and chewed with your back teeth. Not adhering to this will result in broken appliances which may delay the progress of treatment.