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**Orthodontics & DentoFacial Orthopedics Unit**

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**MEMORANDUM OF UNDERSTANDING**

**PATIENT'S SURNAME:**

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**OTHER NAMES:**

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**DATE OF BIRTH:**

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**CLINICIAN:**

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Orthodontic treatment usually involves the wearing of braces (removable or fixed), often the extraction of teeth and, very occasionally, jaw surgery.

Treatment with braces usually takes between **12 - 36 months** to complete.

Having braces fitted is **not painful**; however it is common to have slightly tender teeth for 3-5 days after each fitting and adjustment appointment. Once your braces have been fitted you will need frequent and regular appointments for them to be adjusted (**every 4 – 8 weeks**).

Like any treatment of the body, orthodontic treatment has some **inherent risks and limitations**.

These seldom prevent treatment but should be considered in making the decision to undergo treatment.

## **1. PREDICTABLE FACTORS THAT CAN AFFECT THE OUTCOME OF ORTHODONTIC TREATMENT**

**1.1. COOPERATION:** In the vast majority of orthodontic cases, **significant improvements** can be achieved with **patient cooperation**. Excessive treatment time and/or compromised results can occur from non-cooperation.

**1.2. CARING FOR APPLIANCES:** **Poor oral hygiene** increases the **risk of tooth decay** when wearing braces. Excellent oral hygiene, reduction in sugar intake, **being selective in diet** and reporting any loose bands as soon as noticed will help minimize tooth decay, white spots around teeth, permanent tooth scarring and gum problems. **Routine visits** (every 6 months) **to your dentist for scaling and polishing** and cavity checks are necessary. Not keeping your braces clean and **persistent breakages and failures may** lead to a **termination** of treatment leaving your teeth in a worse position than you started with. In some instances you will be made to pay a fine for any broken or failed brace. As a rule, every time a brace is broken or has failed, 1-2 months is added on to the normal treatment time of 12-36 months.

**1.3. KEEPING APPOINTMENTS:** Missed appointments create many scheduling problems and lengthen treatment time. If for any reason you can't comply with an appointment, please send a text message or call **at least 48 hours before your appointment time to cancel it**. Lateness for an appointment will not be tolerated and you may not be attended to if you are more than 15 minutes late.

## **2. UNPREDICTABLE FACTORS THAT CAN AFFECT THE OUTCOME OF ORTHODONTIC TREATMENT**

### **2.1. MUSCLE HABITS:**

Mouth breathing, thumb, finger or lip sucking, abnormal swallowing and other unusual oral habits can prevent the teeth from moving to their corrected positions or relapse after braces are removed.

**2.2. FACIAL GROWTH PATTERNS:**

Unusual skeletal patterns and insufficient or undesirable facial growth can compromise the dental results, affect facial changes and cause shifting of teeth **during retention**.

**2.3. POST TREATMENT TOOTH MOVEMENT:**

Teeth have a **tendency** to shift after treatment as well as after retention.

Some changes are desirable, others are not. Rotations and crowding of the lower anterior teeth or slight space in the extraction site or between the upper central incisors are common examples.

**2.4 ROOT RESORPTION:**

Shortening of root ends of the teeth can occur when teeth are moved during orthodontic treatment.

Under healthy conditions the shortened roots usually are no problem.

Trauma and some general ill health can also cause this problem.

**2.5 PERIODONTAL PROBLEMS (GUM DISEASES)**

This condition can be present before or develop during treatment. It could deteriorate during treatment causing loss of bone around tooth. Keeping your teeth clean can help prevent this problem.

THE ACTUAL OCCURRENCE OF THESE ASSOCIATED ILL EFFECTS TAKES PLACE IN **ONLY A SMALL PERCENTAGE OF CASES AND DOES NOT ROUTINELY HAPPEN WITH THE MAJORITY OF PATIENTS.**

HOWEVER, THE PROBABILITY DOES EXIST. KEEPING YOUR TEETH CLEAN CAN GUARANTEE A SUCCESSFUL TREATMENT OUTCOME.

**3. RETENTION**

**After treatment is completed, you will undergo a period of one (1) year compulsory retention.**

Your retainers, based on your condition before start of orthodontic treatment, will include:

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You are required to **adhere strictly to this retention plan** to forestall any **relapse**.

You will sign an additional **Retention Protocol** after braces are removed.

#### 4. **CONSENT**

I **DO CONSENT** TO THE TAKING OF **PHOTOGRAPHS AND RADIOGRAPHS** ("X-RAYS") BEFORE, DURING AND AFTER TREATMENT AND TO THE USE OF THE SAME BY THE DOCTOR IN SCIENTIFIC PAPERS OR TEACHING DEMONSTRATIONS.

Full Name, signature & date.....

I **DO CONSENT** TO THE TAKING OF PHOTOGRAPHS AND X-RAYS BEFORE DURING AND AFTER TREATMENT BUT **I DO NOT CONSENT** TO THE USE OF SAME BY THE DOCTOR IN SCIENTIFIC PAPERS OR DEMONSTRATIONS.

Full Name, signature & date.....

I **CERTIFY** THAT I **HAVE READ** THE CONTENTS OF THIS FORM AND DO UNDERSTAND THE RISKS AND LIMITATIONS INVOLVED AND DO CONSENT TO **ORTHODONTIC TREATMENT**.

**PATIENT** (Full Name, signature & date)

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**PARENT/GUARDIAN** (Full Name, signature & date)

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**ORTHODONTIST / CLINICIAN** (Full Name, signature & date)

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## 5. REFERENCES

**5.1. Memorandum of Understanding**, Department of Orthodontics & Paedodontics, Dental Clinic, University of Ghana School of Medicine and Dentistry, 2018 Edition

**5.2. Contemporary** orthodontics, William Proffit et al, 5th edition, 2013

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Personal Remarks / Comments / Suggestions or Questions