

PATIENT CONSENT TO BEGIN ORTHODONTIC TREATMENT

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Gender	:	Male	Doctor's Name	:	Alan Alfred
			Date	:	2024-02-16

The following information is routinely supplied to anyone considering Orthodontic treatment in our Clinic. While recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that Orthodontic treatment, like any other treatment of the body, has some inherent risks and limitations. These are seldom enough to contra-indicate treatment, but should be considered in making a decision to start Orthodontics.

Please feel free to ask any questions during the treatment.

The patients responsibility:

- 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 come to all appointments on the proper day and time;
- To wear headgear, elastics and retainers, if they are necessary, so that treatment time will be as short as possible and so we can achieve the best results;
- There will be additional Orthodontic charges for replacement of appliances (such as retainers or braces) that are lost or damaged due to repeated patient neglect, or any excessive extension of treatment due to lack of patient co-operation;
- 100% patient co-operation is very, very important.

Oral Hygiene:

Decalcification (permanent marking), decay, or gum disease can occur if patients do not brush their teeth properly and thoroughly during treatment period. Excellent oral hygiene and plaque removal is a must. Sugars and between meal snacks should be reduced as much as possible.

A non-vital or dead tooth is a possibility

A tooth that has been traumatized from the deep filling or even a minor blow can die over a long period of time with or without Orthodontic treatment. An undetected non-vital tooth may flare up during Orthodontic movement, requiring endodontic (root canal) treatment to maintain in.

Root Resorption:

In some cases, the root ends of the teeth are shortened during treatment. This is called root resorption. Under healthy circumstances the shortened roots are no disadvantage. However, in the event of gum disease in later life the root resorption may reduce the longevity of the affected teeth. It should be noted that not all root resorption arises from Orthodontic treatment. Trauma, cuts, impaction, endocrine disorders, idiopathic reasons can also cause root resorption.

Growth 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 with poor growth, poor responses to treatment, or poor co-operation 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

Treatment Time:

The total time for treatment can be delayed beyond our estimate. Lack of, or poorly directed facial growth, poor elastic wear, or headgear co-operation, broken appliances and missed appointments are all important factors that could lengthen treatment time and affect the quality of the result.

Extra-oral appliances:

Instructions must be followed very carefully. A Facebow or Headgear that is pulled outward while elastic force is attached can cause damage to the face or eyes. However, we use appliances with a 'snap away' safety feature to reduce this possibility. Always remember to release the forces before removing the facebow from your teeth. To reduce the possibility of injury, contact sports and similar activities must not be performed while a headgear is worn.

TMJ:

There is a risk that problems may occur in the temporomandibular joints (TMJ). Although this is rare, it is a possibility. Tooth alignment or bite correction sometimes can improve tooth related causes of TMJ pain, but is not in all cases. Tension appears to play a role in the frequency and severity of joint pains, and there are many other causes of TMJ dysfunction.

Very unusual occurrences:

Swallowed appliances, chipped teeth, dislodged restorations and allergies to latex or nickel rarely occur but possible.

Expectations:

All orthodontic patients can expect improvement with their particular problem, but, in many cases, absolute perfection is impossible due to lack of muscle balance, tooth shapes and sizes and varying degrees of co-operation during treatment, along with heredity aspects that affects everyone's specific treatment results

Relapse:

Teeth have a tendency to return to their original position after orthodontic treatment. This is called relapse. Very severe problems have a higher tendency to relapse and the most common area for relapse is the lower front teeth. After band removal, a positioner or retainers are placed to minimize relapse. Full co-operation in wearing these appliances is vital. We will make our correction to the highest standards and in many cases over correct in order to accommodate the rebound tendencies. When retention is discontinued some relapse is still possible.

I consent to the taking of photographs, study models and x-rays before, during and after orthodontic treatment to assist in the planning and progress treatment objectives. If the case proves to be of special scientific interest, the doctor reserves the right to present the records in scientific papers or demonstrations to the profession

I certify that I have read or had read to me the contents of this Form and do realize the risks and limitations involved, and consent to orthodontic treatment.

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I will not hold the dentist, dental staff, or anyone associated with the dental practice responsible for changes in my overall health stemming from this condition. I have had the chance to ask questions and express concerns about my dental condition, the treatment options, and my refusal of treatment. The undersigned provider has answered all my questions and addressed all my concerns. I understand the full scope of the situation and am making an informed decision.

Informed Consent:

I have been given the opportunity to ask any questions regarding the nature and purpose of root canal treatment and have received answers to my satisfaction. I voluntarily 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 result, which may or may not be achieved. The fee (s) (if applicable), for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr.Alan Alfred and / or his / her associates to render treatment and administering or any medications and / or anesthetics deemed necessary for my treatment.

I have been given the opportunity to ask any questions regarding the nature and purpose of crown and / or bridge treatment and have received answers to my satisfaction. I voluntarily 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 result, which may or may not be achieved. The fee (s) (if applicable), for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr.Alan Alfred and / or his associates to render treatment and administering or any medications and / or anesthetics deemed necessary for my treatment.

- ☐ I have been given the opportunity to ask questions and give my consent for the proposed treatment as Described above.
- ☐ I refuse to give my consent for the proposed treatment(s) as described above and have been explained the potential consequences associated with this refusal.

Sign here, only if all of your questions have been answered to your satisfaction		
Patient	Witness	Dentist
		
Patient Name Alston Rebello Date 2024-02-16	Date 2024-02-16	Alan Alfred - Dental (GD10001) Date 2024-02-16

