



Douglas A. Rollins, D.M.D.

Practice Limited to Orthodontics and Dentofacial Orthopedics
1220 Whitney Avenue, Hamden, CT 06517 288.0900

Consent Information for Orthodontic Patients and Parents

As a rule, desirable orthodontic results can be achieved with informed and cooperative patients. While recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that orthodontic treatment, like any treatment of the body, has some inherent risks and limitations. These are seldom enough to refrain from treatment, but should be considered in making the decision to wear orthodontic appliances. **Please feel free to ask any questions about what you are going to read below.**

Proper oral hygiene and plaque removal is an absolute requirement during orthodontic treatment. Sugars and between meal snacks should be eliminated, as well as very hard or sticky foods. Decalcification (permanent markings suggesting early surface decay), actual decay, or gum disease can occur if patients do not brush and floss their teeth properly and thoroughly during the treatment period. We recommend that all patients continue to see their family dentist before and during orthodontic treatment for routine dental care.

Our goal is to achieve a functional occlusion in every patient. However, problems relating to growth and development, genetics, and patient cooperation (e.g. missed appointments, not following the orthodontist's instructions, etc.), sometimes prevent a 100% achievement of our goal. Therefore, a functionally adequate and aesthetically acceptable result must be deemed successful.

It is also important to realize that throughout life, tooth position is constantly changing. This is true with all individuals whether they have had orthodontic treatment or not. Post-orthodontic patients are subject to the same changes that occur in non-orthodontic individuals.

Discolored and/or dead teeth are seldom related to orthodontic treatment. On occasion, the nerve of a tooth may become non-vital. A tooth that has been traumatized from a deep filling or even a minor blow can die over a long period of time with or without orthodontic treatment. A non-vital tooth may flare up during orthodontic movement. Subsequent endodontic (root canal) treatment may be necessary to maintain the tooth.

In some cases, the root ends of the teeth may shorten during treatment. This is called root resorption. Under healthy circumstances, the shortened roots are of little disadvantage. It should be noted that not all root resorption arises from orthodontic treatment. Trauma, cuts, impaction, endocrine disorders, or unknown reasons can also cause root resorption.

There is also a risk that problems may arise in the temporomandibular joints (TMJ). Although this is not common, it is a possibility. Tooth alignment or bite correction may improve tooth-related causes of TMJ pain, but not in all cases. Everyday tensions, excessive jaw motion, or bruxism (tooth-gnashing) appear to play significant roles in the frequency and severity of joint pains.

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 altered. Skeletal growth disharmony is a biological process which may be beyond the orthodontist's control.

If a headgear ("night brace") is prescribed, instructions on its wear must be followed carefully. A headgear that is pulled outward while attached around the head can snap back and result in serious injury to the face or eyes. Be sure to release the headgear carefully in the sequence instructed in our office.

Above all, let's make every effort to do this right. It takes cooperation from everyone-- not only from the orthodontist and the orthodontic staff, but from every patient and his/her family.

Many thanks in advance for your cooperation!

Dr. Douglas A. Rollins and Staff

Please sign below and return the top copy to our office when you have read the above information and understand it. Thank you.

Patient's name _____ Signed _____ Date _____
(print) (by parent if patient is a minor)

This form has been endorsed by the Connecticut Society of Orthodontists