

NAME: _____

DATE: _____

ORTHODONTIC TREATMENT

Instructions to the patient and / or parents:

The success of orthodontic treatment is dependent on the quality of the partnership between the practitioner and the patient. The doctor and his team want to provide the best treatment and seek the best possible results. It is our duty to inform you that, in any treatment that affects health, there are potential risks - fortunately very rare - and several limitations. We encourage each patient (and their parents) to read the document that follows and ask any questions prior to the start of treatment.

For maximum results, the orthodontic patient must respect the following rules during treatment:

1. The treatment must be a priority. The success of treatment depends largely on your cooperation in respecting your appointments, maintaining good hygiene, not breaking your appliances or braces, and making sure instructions are followed.
2. We reserve the right to interrupt or even terminate the treatment when the patient does not follow instructions, or when oral hygiene is not kept to a high standard.
3. The length of treatment depends on a number of issues, including the severity of the problem, the patient's growth and the level of patient cooperation. The actual treatment time is usually close to the estimated treatment time. Treatment may be lengthened if, for example, unanticipated growth occurs, if there are habits affecting the dentofacial structures, if periodontal or other dental problems occur.
4. If patient cooperation is not adequate or if the response to the planned treatment is undesirable or problematic, changes in the original treatment plan may become necessary.
5. Since most orthodontic patients attend school, it is impossible to give everyone appointments outside of classroom hours. Our goal is for patients to be absent as little as possible from school or work throughout his/her treatment. We reserve evenings for scheduled routine appointments. Emergencies are therefore usually scheduled during school hours. Difficult and longer appointments will also be held in the afternoon for better cooperation. A child is often more receptive in the afternoon than late at night.

6. The mouth can be very sensitive and you may expect a period of adjustment after the placement of braces. It is sometimes necessary in the first 72 hours to take some analgesics (Tylenol, Advil, etc).
7. Maxillo-facial Surgery: Patients with skeletal disharmonies must undergo major surgery in conjunction with the orthodontic treatment for a significant improvement in function and aesthetics. There are risks as well as additional costs associated with surgery, which must be discussed with the surgeon before beginning orthodontic treatment. You must remember that the pre-orthodontic surgery phase has the aim of aligning teeth in order to make surgery easier. You may get the impression that during this phase your malocclusion worsens as well as your appearance .
8. Some activities or certain foods can damage or dislodge your braces. A bracket or any small part of an appliance that is broken off can be ingested or inhaled by the patient. A wire can scratch the soft tissues. Please refer to our website for solutions to the most common problems (www.dentsdroites.com). The removal of fixed braces can cause damage to fillings already in the mouth and sometimes teeth, especially those who have had restorations. Necessary repairs are not included in your orthodontic treatment.
9. Some health problems and certain medications can affect your orthodontic treatment. It is imperative to inform us of any changes to your health and any new medication prescribed by another health professional.
10. Excellent orthodontic results require teamwork. It is therefore important that the young patient live in a positive atmosphere and receive encouragement from family and friends. Parents can play a major role in this area.
11. Sometimes it may be necessary to place Temporary Anchorage Devices (TADs) as anchors to move the teeth. These screws are removed following treatment.
12. We may need to perform an interproximal reduction (slight filing between the teeth) to create space or to perfect the occlusion. This removes only a very small amount of enamel and is done without the need for anesthesia.
13. Imperfections of the occlusion of your teeth may need to be treated before, during, or after orthodontic treatment. Proximal contacts may require some polishing to facilitate alignment of the teeth and reducing relapse. Some fillings may also need to be changed.
14. All orthodontic treatments require a period of "retention" so as to avoid what is called "relapse" (teeth wanting to return to their original positions). When a lack of cooperation takes place and re-treatment is required, extra fees must be levied.
15. The loss of an appliance requires additional fees. Charges will also be assessed for repair of appliances broken due to carelessness or negligence.

16. Fees for orthodontic treatment do not cover general dental work such as fillings, extractions, crowns, bridgework, etc., nor orthodontic treatment such as jaw surgery or surgical extraction of an impacted tooth.
17. It is important to see your dentist every 6 months for your regular check-up and cleaning appointments. You must have had a regular dental check-up no more than 6 months before starting orthodontic treatment. Gum problems can develop or worsen during orthodontic treatment, the most important being the lack of oral hygiene. We will refer you to an expert in Periodontology if this situation occurs during your orthodontic treatment. Sometimes, we may need to stop orthodontic treatment, while the supporting tissues heal. Some rare cases require us to stop treatment before completion and accept a compromised result.
18. Monthly payments must be made regardless of the number of appointments required to carry out the treatment. **The payment schedule is a fee arrangement and does not correspond to the duration of treatment.**
We reserve the right to interrupt the orthodontic treatment if there is non-compliance with the financial arrangement.
19. You remain entirely responsible for payment and follow-up of insurance claims. An insurance form will be filled for you for every payment made. A receipt for income tax purposes can be given to you on demand for each fiscal year.
20. We prefer that the parents wait in the reception area. This helps us concentrate better on the work we do and improves the communication between the patient, the dentist and the hygienist. At the end of the appointment, the hygienist will update you on the treatment's progress if necessary.
21. If you pay using a credit card and this card is declined (expired, no longer in service, etc.) or you pay with post-dated checks and funds are not available (overdraft, closed account, etc.) you will be responsible for all costs related to lack of payment.

POTENTIAL RISKS AND LIMITATIONS OF ORTHODONTIC TREATMENT

1. Occasionally, we discover during treatment that a patient whom we examined at the consultation appointment and who appeared then to have a normal growth pattern, suddenly exhibits an unpredictable change in growth direction. When this results in a significant mismatch between the upper and lower jaws for example, our initial treatment objectives become compromised. Facial skeletal imbalances are outside the control of the treating dentist.
2. Occasionally during treatment, one or more teeth may lose their vitality (the nerve dies or becomes infected). Remember that any tooth that is traumatized by a large cavity and subsequent filling or by an accidental fall or blow can undergo this loss of vitality and resulting abscess whether or not orthodontic treatment is performed.
3. Orthodontic treatment sometimes shortens the roots of some teeth. This is called resorption, and is of no particular concern provided the general health of the patient is good and the orthodontic treatment and patient cooperation is otherwise normal. Resorption can also be caused by other factors, namely: trauma, impacted teeth, endocrine imbalances, or other unknown factors.
4. Temporomandibular joint (TMJ) problems sometimes occur during or after the completion of orthodontic treatment. While this is rare, it may happen and there is no current method for predicting this happening (*in an otherwise normal, healthy patient who possessed normally functioning Jaw Joints before treatment began). Should this occur, a splint or other type of appliance may have to be worn.
5. Relapse is an ever-present possibility and depends primarily on the severity of the original crowding, the age of the patient, and the degree of cooperation during the retention period following active treatment. Remember that teeth drift throughout our lifetime with or without orthodontic treatment.
6. A tooth may be or become ankylosed (fused to the bone) during orthodontic treatment. This is very rare and often unpredictable. A tooth that becomes ankylosed may need to be extracted.
7. We may sometimes use micro-implants or TADs (Temporary Anchorage Devices) as additional anchorage. These may (rarely) cause infection or become fused to the bone. They can also cause damages to surrounding tissues (adjacent root, nerve, sinus) . A TAD may loosen during treatment and need to be replaced. Also, a TAD may need to be repositioned during the course of treatment. In rare circumstances a TAD might break during its insertion or removal.
8. If Osteo-perforations are performed (when desired to accelerate treatment) the perforated areas can (rarely) cause infection or damages to surrounding tissues.

9. Periodontal (gum and bone) disease can develop or worsen during orthodontic treatment due to many factors, but most often due to the lack of adequate oral hygiene. You must have your general dentist, or if indicated, a periodontist monitor your periodontal health during orthodontic treatment every three to six months. If periodontal problems cannot be controlled, orthodontic treatment may have to be discontinued prior to completion.
10. Occasionally, patients can be allergic to some of the component materials of their orthodontic appliances. This may require a change in treatment plan or discontinuance of treatment prior to completion. Although very uncommon, medical management of dental material allergies may be necessary.
11. Excellent oral hygiene is essential during orthodontic treatment as are regular visits to your family dentist. Inadequate or improper hygiene could result in cavities, discolored teeth, periodontal disease and/or decalcification. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances. These problems may be aggravated if the patient has not had the benefit of fluoridated water or its substitute, or if the patient consumes sweetened beverages or foods.

I, the undersigned, acknowledge that I have read and I understand the treatment plan, its risks and limitations associated with my orthodontic treatment. I also understand that other very rare problems not discussed herein may occur and that the final result may differ from the original objectives. I also recognize that I had the opportunity to discuss this document, to ask all relevant questions to Dr. Lyons' orthodontic team.

By signing, I accept the proposed treatment and authorize Dr. Lyons to begin orthodontic treatment. I understand that the fees for orthodontic treatment only cover orthodontic care. Any other treatment performed by Dr. Lyons or any other practitioner is not included in the fee of my orthodontic treatment

Consultant

Parent or guardian