



arthur a. sonneborn d.d.s.,ms

Arthur A. Sonneborn, D.D.S., M.S.

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. THESE MAY OR MAY NOT PERTAIN DIRECTLY TO YOUR PARTICULAR CASE, HOWEVER IT IS IMPORTANT THAT YOU UNDERSTAND THEM. **IF YOU UNDERSTAND THE PARAGRAPH PLEASE INITIAL IT. IF YOU DO NOT, LEAVE IT BLANK AND THE DOCTOR WILL DISCUSS IT WITH YOU.**

Generally, excellent orthodontic results can be achieved with informed and cooperative patients. You should be aware that orthodontic treatment, like treatment of any part of the body, has some inherent risks and limitations. These are seldom severe enough to offset the advantages, but they should be considered in making a decision to undergo orthodontic treatment. Each of these is listed below in individual paragraph form. _____

Tooth decay, gum disease, and permanent marking (decalcification) on the teeth can occur if patients do not brush their teeth frequently and properly, or if too many foods containing excessive sugar are eaten. These same problems can also occur in individuals not in braces, but the risk is greater while in braces. _____

During orthodontic treatment regular dental visits must be maintained. For adults, regular dental visits must be kept every three months. This is a necessity since dental caries (cavities) and periodontal (gum) disease need to be controlled by your dentist. If you do not have a general dentist it is imperative that you secure one. We will be happy to supply you with names of some local dentists if you wish. _____

Tooth root resorption (shortening) is a common occurrence with orthodontic therapy. Orthodontic root resorption occurs because the body may not be able to distinguish between the bone, which must be moved to allow orthodontic tooth movement, and the tooth root. The result is a shortening of the root of the tooth from its original length. The amount of such resorption may be so small that it can only be noted by the use of a microscope, however, in some instances the resorption may significantly reduce the length of the tooth root. All factors which contribute to the root resorption are not known; however, some of these factors are: a family tendency, shape of the teeth, the type of orthodontic forces, trauma, endocrine factors, and others. All efforts are made to avoid these known contributors but, despite such efforts, some blunting may still occur. Although resorption to an extent which would affect the life span of the teeth involved is rare, the possibility of resorption occurring during any orthodontic treatment must be considered. _____

Occasionally, unexpected or abnormal changes in the growth of the jaws may limit the ability to achieve the desired result. If growth becomes disproportionate, the relationship of the upper jaw to the lower jaw may change, requiring additional treatment or, in some cases, surgery. Severe growth disharmony is a biological process beyond the orthodontist's control. _____

The temporomandibular (jaw) joint is one of the most complicated joints in the body. Its proper function depends upon the coordinated action of bones, muscles, and joint structure during speaking, eating and swallowing. In addition to these coordinated functions, there must be harmony with the occlusion (bite). It is the goal of orthodontics for all of these functions to be harmonious at the end of treatment. During orthodontic therapy, however, there may be times when this harmony is interrupted. This may result in periods when the positions of the teeth do not correspond to comfortable position for the other structures of the chewing mechanism. The effect of this change is something which is not predictable and must primarily be evaluated on an individual basis. Factors such as previous history of dysfunction of the joints, muscle spasms, life stress, and other circumstances may all contribute to the way in which changes in the bite affect a given individual. _____

Individuals who seek orthodontic treatment are often those with malocclusions (incorrect bite). They may experience an increased tendency for temporomandibular joint dysfunction since an incorrect bite may be a predisposing factor in such dysfunction. _____

Every effort is made in our practice to minimize the occurrence and effects of any joint or muscle dysfunction. However, if dysfunction is noted, we request that you inform us so that we may provide appropriate therapy. _____

The total time required to complete your orthodontic treatment may exceed Dr. Sonneborn's estimate. Poor cooperation, broken appointments, appliance breakage, congenitally missing teeth, abnormal eruption of developing teeth, slow tooth movement, injury or serious illness, some types of openbites, some impacted teeth, muscle dysfunction, Class III (underbite) cases, and birth defects are important factors which can lengthen treatment time and affect the quality of the results. _____

Stability of completed orthodontic correction is dependent on a number of related factors. These factors include: proper fit of teeth in the corrected bite relationship, proper guidance of the teeth for lateral (left to right) and forward movement of the lower jaw, adaptation of muscle function surrounding the new tooth alignment, integrity and non-stressed relationship of the soft tissue support and bony support of the teeth in their new alignment. Other factors, facial maturation, unsupported development of the teeth such as wisdom teeth, and other biological mechanisms may also contribute to post-treatment changes. _____

Ceramic brackets (clear braces) have one primary advantage and that is their decreased visibility. Because of their hardness (much like diamonds are hard). Additionally, their hardness increases their brittleness. This means that forces which might bend metal braces (for example, eating hard foods) may break the ceramic braces. When ceramic brackets are removed from the teeth, if there has been poor care of the teeth (hygiene), there is an increased risk of enamel fractures. _____

We recommend that prospective orthodontic patients have a thorough dental evaluation and cleaning with your general dentist prior to initiation of your orthodontic treatment with our office. _____

In our practice, we emphasize proper and extended wear of removable retainers which are placed after orthodontic correction. These stabilize the dental position to allow for the interacting factors to adapt to the new relationship. In our opinion, removable retainer wear will need to continue long term while gradually reducing the amount of wear. This will allow a reasonable maintenance of the dental relationship, recognizing that maturational changes may cause some repositioning of the teeth subsequent if there is a discontinuation of the retainers. _____

If you have been advised that Phase I “interceptive treatment” is needed for your child, this treatment is specifically intended to correct harmful conditions, or to allow growth control management which will simplify subsequent treatment. Phase I treatment usually does not eliminate the need for braces once the permanent teeth have erupted, and is almost always followed by Phase II treatment with fixed braces. _____

Discomfort perception varies widely from individual to individual. In the vast majority of cases, over-the-counter analgesics such as Tylenol will bring relief from discomfort after orthodontic adjustments. The discomfort will generally decrease significantly one to two days after the each adjustment visit. _____

Occasionally an individual will exhibit symptoms of nickel allergy. Metal allergies although common are generally not an issue in orthodontic treatment. Orthodontic appliances are crafted primarily of stainless steel. This is a metal containing a small amount of nickel as an alloy. If you have a history of nickel allergy or sensitivity, please inform us since there are appliances available which contain no nickel. Using nickel free appliances may require a relatively small additional charge if their use is required instead of standard stainless steel. Occasionally treatment time may be extended slightly or more appointments may be required. _____

Occasionally when space needed for alignment of the teeth is not achieved through other techniques, such as tooth removal, a technique known as IPR (interproximal reduction) is required to obtain additional, usually residual, space that is needed. This can not always be determined at the initiation of treatment but if needed it must be used or treatment quality may be compromised. _____

Patient compliance with prescribed orthodontic appliances, elastics and proper care of the banded braces are the single greatest difference between success and failure in orthodontic treatment. Extended treatment times over those predicted by Dr. Sonneborn can almost always be traced to breakage or lack of compliance. Without the patients participation, orthodontic treatment can not achieve the desired goals! _____

At the end of orthodontic treatment after the appliances (braces) have been removed, the teeth will need to be lightly polished. This removes very fine adhesive remnants that may be left on the tooth surface. Without this the surfaces will feel rough to the tongue and may increase the tendency for plaque accumulation. _____

Possible Alternatives

For the vast majority of patients, orthodontic treatment is an elective procedure. One possible alternative to orthodontic treatment is no treatment at all. You could choose to accept your present oral condition, and decide to live without orthodontic correction or improvement. Any specific alternatives to the orthodontic treatment have been discussed with you.

Acknowledgement of Informed Consent

I hereby acknowledge that the major treatment considerations and potential risk of orthodontic treatment have been presented to me. I have read and understand this form, and also understand that there may be other problems that occur less frequently or are less severe. The Doctor and staff of Dr. Sonneborn's orthodontics have presented information about the recommended orthodontic treatment, and I have been given the opportunity to ask them any questions I have about the proposed orthodontic treatment, and the information contained in this form.

I hereby give consent to the Doctor and staff of Dr. Sonneborn's orthodontics to provide orthodontic treatment for:

Patient/Responsible Party Signature Date

Witness Date