



## ORTHODONTIC TREATMENT

At The Practice we pride ourselves on ensuring our patients are well informed on their dental health and treatment options. This information sheet is aimed to give you general information and risks involved with procedures. Your dentist will be able to identify your specific risks and benefits. As always our providers will endeavour to manage any undesired outcomes for you and perform procedures with the highest level of safety and care for you. Your dentist has discussed orthodontic treatment with you. This information sheet is aimed at giving you some more information to read at your leisure. Your dentist will be able to answer any questions you have. Feel free to use the back of this form to write down any questions or notes.

### **WHAT IS ORTHODONTIC TREATMENT?**

Orthodontic treatment involves moving your teeth into a position which helps to correct dental and jaw problems for improved function and appearance. In many cases, it is an elective treatment, but it does involve risks and limitations. It is important that you are aware of these before commencing with treatment.

### **WHAT ARE THE BENEFITS?**

Orthodontic treatment can assist with improving the appearance and function of your teeth, jaws and airways. Most importantly, it can solve many problems such as: dental crowding, spacing, overbites, underbites and discrepancies in your jaw alignment.

Treatments can also improve breathing and snoring but improving airways. The correct bite, with healthy muscles and jaw joints, usually provides ideal chewing function.

Properly aligned teeth are easier to care for and reduces the risk of decay and decreases the likelihood of developing gum disease.

### **AM I A GOOD CANDIDATE?**

Initially, your dentist will have asked you about your general health and will have noted any medications you are taking; it is important to keep your dentist completely informed if these information changes.

Your dentist will have undertaken a detailed examination of your mouth and jaw joints which includes recording how your teeth meet together, how much crowding of the teeth is present and your overall dental health. Your dentist will take impressions/scans of your teeth and assess the relationship between both jaws. You will have various photographs taken before your treatment begins. Full and proper orthodontic records must be taken prior to commencement of treatment, it is important to know where you have started, where you want to go, how to get there and to assess that you have arrived successfully.

Some orthodontic systems use this information along with computer graphics technology to develop a treatment plan. Your dentist will discuss treatment options and address concerns you may have – whether the treatment is for you or a child. Any orthodontic treatment will have limitations and potential risks; your dentist will have considered these when advising the right treatment for you.

### **WHAT ARE THE DIFFERENT SORTS OF ORTHODONTIC TREATMENT?**

Broadly speaking, orthodontic treatment involves either attaching the appliance directly to your teeth or using clear, plastic, removable appliances which move your teeth in small increments. There are many different removable systems now available. Some are entirely plastic, while others have metal components which move your teeth. Your dentist will have selected the system best suited for your needs and why..

As with any dental treatment, we recommend you should seek a second opinion if you have concerns.

### **ARE THE RESULTS PERMANENT?**

Before your orthodontic treatment commencing you will be advised that lifetime retention and commitment is necessary to maintain your results. This is known as the retention phase. It is important to follow any instructions which are given to you, as teeth often tend to move back to their original positions, and any relapse due to lack of retention will result in retreatment at the patient's cost.



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Retainers are passive appliances that will help keep your teeth in their new position. These can be wires placed on the inside of your front teeth and/or some form of removable, plastic retainer can also be used.

### WHAT SHOULD I EXPECT DURING TREATMENT?

Once you and your dentist have agreed on the best form of treatment for you, you'll need to decide if you are committed to progressing with treatment. Orthodontic treatment will involve regular appointments, changes to appliances, your personal commitment to keeping your teeth and appliances clean; and an understanding that the treatment can take many months.

If you miss appointments or you are not compliant with instructions, you may lengthen the time of your treatment and affect the quality of the results. You may need to amend plans in accordance with the availability of appointments. If you are not compliant with treatment and the necessary wearing of the appliance or regularly break the appliance, the treatment and result will be compromised.

You may find that your teeth feel a little more tender when the appliances are initially placed or adjusted and sometimes the appliances can cause your gums and lips to become irritated. These problems are usually temporary, but if you are worried you should discuss this with your dentist.

Sometimes, plastic removable appliances can affect your speech a little or make your mouth feel dry or even more wet. This resolves by itself generally in a few days' time. If your appliance feels loose, then you should contact your dentist.

### ARE THERE ANY RISKS TO THE PROCEDURE?

There are risks to any dental procedure and orthodontic treatment is no exception. The risks you take are dependent upon the treatment option you choose. Therefore it is important to ask questions before and during your course of treatment.

The major risks can be summarised as:

- **Damage to your teeth:** Orthodontic appliances don't cause decay, but the risk is higher. That is why it is critical you care for your teeth properly whilst wearing the appliance. Sugar and lack of oral hygiene can cause not only dental but gum disease. If your teeth are affected, you may have marks on your teeth once the appliances are removed.
- **Root Shortening:** For some patients, the length of the roots of the teeth may be shortened during the treatment. The impact of this may have on you is not able to be predicted. If the tooth roots do shorten, there are usually no problems but rarely the teeth can be lost.
- **Jaw joints:** Occasionally, patients may have tenderness in their jaw joints that can present themselves as pain, headaches or even ear problems. If you do have any of these symptoms, you should tell your dentist. Usually, these symptoms tend to settle quickly and are temporary.
- **Tooth tissues:** If you have a tooth which has been traumatised or have a very large filling, orthodontic treatment can cause this tooth to die. In this case, you would likely need root canal treatment at your cost.
- **Head gear:** If your treatment involves wearing any sort of headgear (this is required if you need a lot of tooth movement), you should follow the instructions provided by the manufacturer.

If the growth of your jaws limits your dentist in getting the best result, your treatment may be prolonged. If there is further growth once your treatment is completed, this may affect the quality of the results and may require additional treatment. Although unlikely, this might include surgical treatment.

Keep in mind that orthodontic treatment is largely a partnership between yourself and your dentist.



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### **DO I NEED TO SEE A SPECIALIST?**

Your dentist is not an Orthodontic Specialist but a Dentist who has further education in the field of Orthodontics. Your dentist will carefully assess you and will refer you to a specialist if you wish or if your case requires it.

### **IS MY TREATMENT GUARANTEED?**

Your dentist will give you the best advice they can, but orthodontic treatment does not always work as well as you might expect. It is important to talk to your dentist if you're concerned in any way.

### **ACKNOWLEDGEMENT BY ORTHODONTIC PATIENT**

1. I have been given a treatment plan by The Practice Modern Dentistry and Facial Aesthetics for orthodontic treatment, with a breakdown of the fees associated.
2. I am aware the dentist at The Practice Modern Dentistry and Facial Aesthetics is a general practitioner dentist and orthodontics sits within their scope of practice. And I therefore acknowledge that my dentist is not a specialist orthodontist.
3. I am aware that an appropriately registered Oral Health Therapist may perform some orthodontic treatment within their scope of practice in a structured professional relationship under the supervision of my dentist.
4. I am aware that I can be referred to a specialist orthodontist for treatment and my dentist will supply me with a referral.
5. I/we understand that I still need to attend my six monthly check up and professional clean with an oral health therapist during my orthodontic treatment. This appointment is separate to my monthly orthodontic adjustment and incurs a charge.
6. I understand that it is always best to make my next appointment while I am in the practice. This is to ensure I get the best available time to suit my schedule.
7. I/we understand on occasion it will be necessary to vary treatment if progress is not satisfactory. I will be advised if this is the case, and my approval will be sought.
8. I/we understand the average patient will break three brackets during their orthodontic treatment. After the first month and the first five brackets will not be charged to me. Any more than five broken brackets will result in a charge of \$20.00 per bracket. It is important to read through all the information provided to minimize any damage to my braces.

Patient Name: \_\_\_\_\_

Parent Guardian Name: \_\_\_\_\_  
(if patient is under 18)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**ORTHODONTIC TREATMENT**

**FEE STRUCTURE BREAKDOWN**

METAL	CERAMIC	CLEAR ALIGNERS
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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider: \_\_\_\_\_

Date of case presentation:	
Description of service:	
ADA item number/s for service:	
Initial payment on commencement of treatment:	
Periodic payments	
Deband Payment:	
Total cost of treatment:	

Please note, depending on your health insurance, your health fund policy and your level of cover, orthodontic adjustments are not claimable as there is no item number allocated to them, only the initial band up appointment and the removal of orthodontic appliances can be claimed.

If you have any questions or concerns in regards to this, please contact your health insurance provider directly.

Payments are to be made at each adjustment at the minimum amount stated on the treatment plan.

I, \_\_\_\_\_ consent to orthodontic treatment using

I understand that my dentist \_\_\_\_\_ will be providing my care.

I have been given a copy of the information sheet on orthodontic treatment and have read (or had read to me) the contents including the benefits, risks, limitations and inconveniences.



## ORTHODONTIC TREATMENT

I am aware of the general risks of treatment as listed in the information sheet. I have also been informed of the specific risks to me, these include:

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I have had the opportunity to ask my dentist questions and discuss my concerns. I understand the expected outcomes.

I am aware that there are many various stages in my treatment and occasionally the original plan may need to be notified.

My dentist has discussed other treatment options and I have received a quote for the estimated cost of my treatment.

I consent to the taking of photographs, study models, and x-rays (before, during and after treatment) to assist in the planning and to progress objectives (if required).

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Name (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_