



Approved by: Medical Director of Dentistry  
In force since: 01.08.2019  
Version number: 1

Healthcare facility stamp

**PATIENT’S INFORMED CONSENT TO ORTHODONTIC TREATMENT**  
**according to recommendations of the Polish Orthodontic Society**

Surname, first name:	Date of birth:
Address:	PESEL:

**Description of the proposed orthodontic treatment**

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**Description of possible complications during and after the orthodontic treatment.**

- 1. Dental caries and decalcification.** Dental braces do not cause dental caries, however they are the site of additional retention of food remains and dental plaque. Incorrect hygiene may cause increased risk of decay and decalcification (white spots). Wearing permanent braces does not release the patient either from the obligation to undergo regular cleaning and polishing by a dental hygienist, or check-ups by a dentist every six months.
- 2. Swelling of gums and periodontal diseases.** Problems with periodontium may appear at each stage of orthodontic treatment, and in most cases they are the result of insufficient hygiene. They may be also caused by specific bacterial flora and genetic predispositions. In such a case it is necessary that the patient visits the periodontist and undergo checks every 3-6 months. A patient with a periodontal disease may be treated with a permanent brace, but it should be done exclusively during the disease remission period. Active periodontal disease is an absolute contraindication to orthodontic treatment. Periodontal diseases appear very rarely. The most frequent problem is simple gingivitis (swelling and bleeding) which goes away immediately after correct hygiene is introduced.
- 3. Shortening of roots (resorption).** During treatment roots of teeth may be shortened to a different degree. Unfortunately, it cannot be predicted which patients may experience this problem. The process is genetically conditioned. Each orthodontic treatment bears a slight risk of root resorption and does not cause any negative consequences. Only aggressive shortening of roots constitutes an indication to stop the treatment. Patients should know that in individual cases roots of teeth may shorten spontaneously in persons who are not receiving orthodontic treatment. To monitor the progress of treatment, x-rays may need to be repeated.





- 4. Duration of treatment.** The duration of treatment depends on many factors: how significant is the abnormality, growth potential and age of the patient, as well as the patient's cooperation. The average time of active orthodontic treatment is 2 years +/- 6 months and may be extended if unforeseen unfavourable growth occurs, if impacted teeth are exposed or serious morphological defects are treated. The modification of the treatment time may also be caused by the individual different susceptibility of the patient's tissues (bones and soft tissues) to the orthodontic forces used. The time stated covers exclusively active treatment. Afterwards, a retention period is required (often lasting many years). The treatment time may be significantly extended if the patient does not cooperate, which includes failing to come to appointments when required, when the brackets become detached, mechanical damage is caused to the braces, failure to wear intermaxillary traction.
- 5. Temporomandibular joints.** Pains in the temporomandibular joint may appear without or during orthodontic treatment. Most frequently they are caused by excessive clenching and gritting of teeth. Problems may also be caused by post-traumatic conditions, rheumatoid arthritis, congenital tendency towards joint disorders. They affect female patients more often. Complaints concerning temporomandibular joints occur in patients aged 9-30, which overlaps with the period of orthodontic treatment. Any problems that have arisen should be immediately reported to the orthodontist because they may require a consultation with a specialist.
- 6. Trauma caused by dental braces.** During treatment, hard and soft tissues in the oral cavity may be damaged. Particularly for the first days after the braces have been fitted small abrasions may appear on the tongue and cheeks (use of orthodontic wax may prevent the problems). These complaints will disappear after the period of adaptation and are of no practical relevance. During the removal of the dental braces enamel and all types of fillings may also be damaged.
- 7. Recurrences.** The completed orthodontic treatment does not guarantee perfectly straight teeth until the end of the patient's life. In order to maintain the position of the teeth, they need to wear retainers in accordance with the orthodontist's recommendations (a retention plate in the top arch, retainer in the top and bottom arch). Despite this, positions of teeth may change due to natural reasons, such as habits: tongue pressure, breathing through mouth, and ageing, as well as lack of regular retention checks. Minor crowding of teeth, particularly lower incisors, appears with time and often must be accepted.
- 8. Allergy.** In allergic patients, allergic symptoms may appear during the orthodontic treatment in response to increased concentration of nickel, chromium or copper ions, originating from the dental braces. Allergic reactions may also occur after contact with acrylic or latex. As a rule, these appear in the form of a local allergic reaction: stomatitis, loss of taste or metallic aftertaste, feeling of numbness, burning, various degree of hypertrophic gingivitis in absence of dental plaque. In the case of the above symptoms, the attending dentist should be informed.





### **Description of procedure during and after the completed orthodontic treatment.**

After permanent braces are fitted, follow-up appointments are held once a month (on average, every 4-5 weeks), during which the orthodontist modifies the braces, the bands are replaced, its action is stimulated in a controlled manner. After the active phase of the treatment, when the effect has been achieved, a decision is made to remove the braces and the patient moves from the active phase into the passive phase, i.e. so-called retention (period of maintaining the effect after the orthodontic treatment). The patient receives retainers in accordance with the treatment plan (top retention plate, retainer in the top and bottom tooth arch glued to the internal surface of teeth). The plate is worn initially day and night, later the time it is worn is reduced with the permanent presence of retainers. Retention follow-up appointments are held after one month, after three months, and every 6 months for 3 years. The retention time often takes many years (up to 10 years) and even lasts a lifetime.

### **Statement by persons authorised to express consent to the orthodontic treatment.**

I represent that I have studied the contents of this form and I have been informed in a comprehensive and understandable way about the purpose of the above health service, its process, prognosis, possible complications which may be connected with this service, and procedure undertaken after it has been completed.

I represent that I have provided complete and true information as to my state of health – in accordance with the dental medical history. I undertake to notify the dentist managing my case about any changes to my health.

### **I represent that I have been informed in a comprehensive and understandable way about:**

1. the state of my health,
2. diagnosis,
3. proposed and possible diagnostic methods and treatments, their foreseeable consequences of their application or abandonment, including the type and purpose of the treatment planned, as well as other methods of treatment (instead of the proposed one), as well as the risk and complications which might arise as a result,
4. that the range of health services under the orthodontic treatment planned on the date of signing this consent may change, if in the course of the treatment unforeseen circumstances arise, connected i.a. with the state of my health, etc. I express my consent to the review of the estimated cost of treatment by including additional costs,
5. the need for strict observance of recommendations concerning oral hygiene,





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- 6. that the condition of successful treatment is my full adherence to the dentist's recommendations that I have been informed about in a comprehensible manner,
- 7. the need to attend regular monthly follow-up appointments and retention checks,
- 8. estimated valuation of the treatment ....., which I accept.

I express my consent to the radiological and photographic documentation being prepared.

I hereby confirm that during the conversation with the dentist I had the opportunity of asking questions concerning the method used to carry out the health service, its purpose as well as possible complications and alternative treatment methods (including the abandonment of treatment) and I was given exhaustive, accessible, understandable and satisfactory answers to all questions I had asked.

I represent that I acknowledge that each health service involves a risk of complications (including serious ones), which may occur even if the highest standards of knowledge, skills and medical care are observed.

**I confirm that I acknowledged and understood the above information, as well as information given to me by the dentist, including in particular information about risks and complications.**

**I express my free and informed consent to the orthodontic treatment.**

.....  
date and patient's legible signature

.....  
date, legible signature  
(in the case of a minor aged 16-18  
simultaneous consent of the legal guardian)

I confirm that the patient/legal guardian has given an informed consent to the orthodontic treatment.



.....  
date, signature, dentist's stamp

