

Consent to orthodontic treatment with fixed appliance

Data wydruku: 30-05-2023

ESTETIQUE SPÓŁKA Z OGRANICZONĄ ODPOWIEDZIALNOŚCIĄ,

REGON: 38580640800013

Kod Res.:000000228432

TULIDENT (kod res. 02)

ESTETIQUE SPÓŁKA Z OGRANICZONĄ ODPOWIEDZIALNOŚCIĄ

ul. Burakowska 5/7, 01-066 Warszawa

Wrocław, on

CONSENT TO ORTHODONTIC TREATMENT WITH FIXED APPLIANCE

I. PATIENT DATA:

Patient's first name and surname:

Personal Identification Number PESEL:

II. DETAILS OF THE HEALTHCARE PROFESSIONAL WHO PERFORMS THE PROCEDURE:

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III. DESCRIPTION OF THE SCHEDULED MEDICAL PROCEDURE, POSSIBLE COMPLICATIONS AND ADVERSE REACTIONS:

This informed consent form concerns the following medical procedure:

1. ORTHODONTIC TREATMENT WITH FIXED APPLIANCE

(in accordance with the treatment plan attached with this consent form).

The orthodontic treatment with fixed appliance involves the following procedures and has the following purpose:

The purpose of orthodontic treatment with fixed appliance is to achieve normal occlusal relations and maximally high functional effects of the masticatory organ, as well as aesthetic effects. An individual treatment plan was prepared on the basis of a detailed analysis of the patient's expectations and the possibility of teeth repositioning assessed on the basis of complete radiological diagnosis (CBCT, panoramic and/or cephalometric picture), intraoral scan, a set of intra- and extraoral pictures, patient health questionnaire and a detailed clinical examination. Complete medical records are used to establish the type and degree of the defect, make a diagnosis, develop a treatment plan, and to determine the measures and methods to achieve the therapeutic goal. The basis of each orthodontic therapy is a detailed and reliable TREATMENT PLAN defining the approximate treatment duration.

DESCRIPTION OF THE COURSE OF TREATMENT AND PARTICULAR VISITS

Orthodontic treatment consists of several stages:

- 1) putting on fixed appliances;
- 2) stage of active treatment, with check-up visits according to the schedule defined in the treatment plan;
- 3) stage of retention treatment, with the installation of retention appliances defined in the treatment plan, whose aim is to prevent recurrence of the defect and teeth migration to the pre-treatment position, and to stabilise their position at new sites of dental arches. The type of retention appliance is determined in the treatment plan (fixed and/or removable)
- 4) stage of observation of the orthodontic treatment effects.

After completion of the treatment with fixed appliance, it may happen that the occlusion will require reconstruction of worn parts of teeth, or it may be necessary to perform medical procedures to maximise the aesthetic effect (e.g. veneers, crowns, flow injection - aesthetic composite restoration).

Possible complications and adverse events of orthodontic treatment with fixed appliance:

Hypersensitivity and pain – teeth sensitivity and/or irritation of gums, cheeks and mouth may occur during treatment with fixed appliance. The appliance may affect speech, resulting in lisping, and may also cause temporary increase in salivation, or dry mouth. Disorders in the temporomandibular joint may occur in the course of treatment, resulting in discomfort, headache, joint pain, and, in rare cases, problems with ears.

Decalcification and tooth decay – orthodontic appliances do not cause decay – they constitute sites of additional retention of food residues and dental plaque, which increases the risk of enamel decalcification and consequential tooth decay. Characteristic white spot lesions between the gum line and bracket are very difficult to eliminate, and may necessitate premature removal of the appliance. Maintaining perfect oral hygiene in accordance with the doctor's instructions guarantees avoiding this problem, and is necessary for the performance of effective orthodontic treatment.

Periodontal lesions - gum hypertrophy and bleeding are reactions of soft tissues to poor hygiene. If the patient is not able to comply with the instructions on proper oral hygiene, it may be necessary to terminate treatment in order to avoid spread of the inflammation into the periodontal tissues.

Gomphiasis - orthodontic tooth dislocation takes place by bone remodelling and related transient tooth mobility. After treatment completion, the teeth usually return to their initial stability.

Visualisation of "black triangles"- after moving crowded teeth, especially in subjects over 35, deficits (underdevelopment and/or atrophy) of gingival papilla in the interdental spaces may become visible. A typical procedure is to reduce the enamel of the teeth adjacent to the "black triangle", so that after the teeth get closer, the papilla is recovered and fills the empty space.

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Gum recession and exposed necks of teeth - in the areas where teeth were highly protruded, crowded or overloaded before the treatment, bone and gum destruction had been developing for years, masked by abnormal position of the teeth. After treatment of occlusal disturbances, the pre-existing problem is visualised in the form of gingival atrophy and exposed necks of teeth. In rare cases, periodontal procedures are recommended.

Root resorption- resorption involves shortening of teeth roots. In permanent teeth, this is a pathological phenomenon of unknown aetiology. It may occur in subjects who had never received dental treatment, as well as in subjects during therapy, including orthodontic therapy. It usually involves rounding of root apices, but it may also involve atrophy of one or more roots. Radiological control before and during treatment, and the use of adequate forces minimizes the risk of resorption. Prolonged absence from visits, especially combined with appliance failures, deprives the doctor of the control over forces developing in the appliance, and their direction, which may promote resorption.

Loss of tooth vitality (devitalization) - in very rare cases, loss of tooth vitality may occur during or after orthodontic treatment. This is almost always related to an injury of previously damaged teeth. There are also other causes of devitalization, e.g. fillings, a tooth under a prosthetic crown.

Mobility of restorations – orthodontic treatment may involve undesired removal of dental crowns or bridges. In most cases, the doctor may put them back on.

Damage to fillings, cosmetic restoration, veneers and crowns – fillings located in the treatment area may become discoloured or damaged. Cosmetic restorations, veneers and ceramic crowns may also be partially or completely damaged, or may lose their shine. In many cases of orthodontic treatment, it is necessary to replace crowns with new ones, adjusted to the new occlusion. In order to avoid that, we apply temporary crowns for the time of orthodontic treatment, if possible.

Fracture of non-vital teeth - dead teeth are fragile, and they are susceptible to cracking and breaking under various circumstances, also with normal mastication.

Swallowing or aspiration of orthodontic elements - during the work at the office, and, to a lesser extent, during everyday use of the appliance, loosening and accidental swallowing or aspiration of the orthodontic appliance element may take place. Aspiration to the respiratory tract requires immediate assistance in order to facilitate coughing up of the element or, in the event of failure, to call an ambulance.

Lack of expected effect with no/poor cooperation - effective treatment requires intense patient cooperation, and in the case of children, additional support of the parents or guardians. It is necessary to follow the doctors guidelines and appear for scheduled visits. In the event of no or poor cooperation, one must be prepared for non-fulfilment of the adopted treatment plan, or a necessity to stop the treatment or implement additional medical procedures.

Lack of expected treatment effect – even with maximum quality of the cooperation between the doctor and patient, there may be rare cases of treatment failure, i.e. impossibility to achieve the planned repositioning of teeth. This is usually related to non-diagnostic disorders in the bone or roots, such as ankylosis, bony scars, local bone densities, changes in the root anatomy, previous orthodontic treatment, abnormal growth, etc. The causes may also include hormonal fluctuations, stress, bruxism (grinding one's teeth), medications and many others. In order to minimise the risk of failure, the patient should provide exhaustive answers to all the questions, and report all changes in their health state in the course of treatment. If no satisfactory progress is observed, the treatment plan may require corrections or it may be necessary to terminate treatment without achieving the adopted goals. It is not possible to predict all potential sequelae of treatment with fixed appliance. Even standard and checked procedures may produce unpredicted reactions.

Prolongation of treatment - orthodontic treatment is a long-term process. The planned treatment duration may change (get shorter or longer) due to intrapersonal response to treatment, possibilities of bone restructuring and regeneration, variable health conditions, no or poor cooperation of the patient, or newly developed problems. Treatment success is particularly dependent on the exemplary cooperation of the patient.

Relapse - teeth have a natural tendency to migration, both in subjects receiving and not receiving orthodontic treatment. Relapse is defined as tooth migration towards the pre-treatment position. This especially refers to rotated teeth and spacing. For this reason, retention appliances are used following completion of treatment with fixed appliance. Long-term, often life-long, retention is often the only guarantee of the maintenance of the achieved results. Small changes in the teeth position are a welcome phenomenon, meaning that the occlusion has adapted to the forces developed in the masticatory organ.

Allergy – an allergic reaction to the materials/tools used during treatment may also develop. Allergy usually takes the form of burning, numbness, metallic taste, gingival hypertrophy, local inflammation of the oral cavity soft tissues.

Like any other medical procedure, this procedure is also associated with a risk of complications and/or adverse reactions, also if all precautions are followed by the medical staff engaged in this procedure. We make every effort to minimize the risk of any complications and/or adverse reactions; however, their occurrence cannot be ruled out or prevented by any medical professional or healthcare center. The above include most of possible complications and sequelae. However, it is always possible in the field of medicine that situations yet unreported, related to atypical anatomy or atypical patient's reaction may happen.

Other remarks:

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IV. PATIENT'S STATEMENT:

I confirm that:

- 1) I have not been legally incapacitated;
- 2) I have provided complete and true information about my health to the best of my knowledge, and in accordance with my medical history;
- 3) I agree to notify my doctor in writing without delay of any changes in my health status;
- 4) I have been fully informed in an understandable manner:

a) about my health;

b) about the nature, method and purpose of the medical procedure concerned;

c) In particular, I have been informed that:

-before undertaking orthodontic treatment, I shall be required to have a dental check-up, treat carious lesions, have the periodontium checked and undergo hygienization procedures;

-it is necessary to have dental check-ups every 6 months during treatment;

increased caution is recommended while eating hard foods (they should be cut into small pieces so as not to bite them with the front teeth);

-in the course of treatment, visits taking place every 4-8 weeks are necessary (unless the doctor instructs you otherwise);

-in the course of treatment, the patient is required to maintain increased oral hygiene;

-during orthodontic treatment, it is necessary to take several X-ray and/or tomographic and/or cephalometric pictures;

-the treatment plan may be modified if any unforeseen circumstances arise in the course of treatment; I shall be advised of any such modifications, and I shall be asked for my consent;

-after the treatment is completed, I shall be required to attend follow-up visits and medical check-ups as per the timetable recommended by my doctor, at least every 12 months;

d) that there are alternative diagnostic and therapeutic procedures available, which include:

and the specific risks involved;

e) that I have the right to refuse to consent to orthodontic treatment with fixed appliance, and I was made aware of the resulting consequences;

f) that there is a risk of adverse effects and complications which may occur in the course of orthodontic treatment with fixed appliance and after its completion, described in detail in section III of this form;

g) about the importance of reporting any alarming symptoms to my doctor, including any complications and adverse reactions;

h) that I have the right to ask questions and voice concerns about the treatment to the medical staff;

5) I reported to the medical staff all my concerns and asked all my questions concerning the treatment, and I had all my concerns addressed and the questions answered to my satisfaction and in an understandable manner;

6) I understand that, as with any general medical and dental procedures, the positive outcomes of the medical procedure concerned are not guaranteed;

7) I have read the treatment plan attached with this consent form, which I fully acknowledge and accept, and do not report any reservations thereto.

8) I have read the treatment plan attached with this consent form, which I fully acknowledge and accept, and do not report any reservations thereto;

9) I am aware that I can withdraw my consent to this medical procedure at any time and I was informed of the resulting consequences of such a decision;

10) I have read and fully understood this document, and do not report any reservations.

V. PATIENT'S CONSENT

I confirm that I consent to have the following medical procedure:

orthodontic treatment with fixed appliance (in accordance with the treatment plan attached with this consent form)

Attachment: treatment plan dated

.....
doctor's signature, stamp and date

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

VI. INFORMATION ON THE CONDITIONS OF DELIVERING HEALTHCARE SERVICES

1) ESTIMATED COSTS OF ORTHODONTIC TREATMENT WITH FIXED APPLIANCE:

Fixed costs: Costs of the assembly of the fixed appliance and anchoring elements in accordance with the treatment plan dated

Variable costs: Equilibration, Radiological diagnosis, Check-up visit, Prophylactic/hygienization visit (cost according to the current price list as of the day of the service provision)

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In the course of orthodontic treatment, it may be necessary to perform additional stomatological procedures, not directly linked to the orthodontic treatment, and affecting the course and quality of the orthodontic treatment (e.g. filling, endodontic treatment, etc.). The costs of such procedures are not included in the treatment plan and cost estimate.

In the case of patients for whom orthodontic treatment is a preparatory treatment for prosthetic or implant-prosthetic treatment, the final treatment plan will be prepared after the orthodontic treatment is completed.

If treatment is abandoned or sustained (min. 3-month patient absence from visits), or in the event of patient non-compliance, the doctor may discontinue the treatment or update the treatment plan, which means a change in the cost estimate.

2) PAYMENT CONDITIONS:

fixed costs:

total cost of treatment on the day of the appliance assembly

variable costs:

after performance of the medical procedure

3) PATIENT'S STATEMENT

I hereby confirm that:

1. I have been informed about the terms of payment, which I fully acknowledge and accept;
2. I acknowledge and accept that the costs of travel to/from the healthcare center shall not be reimbursed;
3. I understand that, in the event of a change in the scope of the healthcare service provided, the amount of the pre-determined expected treatment costs (section VI item 1) may be modified accordingly;
4. I am aware that the success and outcomes of the treatment depend to a large extent on my compliance with the doctor's recommendations, which I agree to follow, including by attending regular check-ups and hygienization visits.

.....
patient's signature and date

VII. CONSENT TO DISCLOSE CONFIDENTIAL MEDICAL INFORMATION

Acting on my own behalf, I hereby confirm that I consent to the disclosure of confidential medical information concerning the medical procedure referred to hereinabove, in the form of X-ray/CBCT images and photographs to be presented or published, without disclosing any personally identifiable information, for the purposes of: educating other patients (presenting medical records for illustrative purposes only), staff training, and marketing (informing about the health services delivered). I confirm I shall not be entitled to make any claims in this respect. I am aware that I can withdraw my consent at any time, without any negative consequences.

.....
patient's signature and date

VIII. INSTRUCTIONS AND RECOMMENDATIONS FOR PATIENTS AFTER PUTTING ON AN ORTHODONTIC APPLIANCE

After putting on an orthodontic appliance, the patient may experience pain of teeth and gums, which may persist for up to 3 days.

In the event of abrasion or irritation of the lip or cheek, use wax on the brackets, and gel.

If the bracket or another element of the appliance comes unstuck, you should promptly contact the registration to arrange a visit.

Be careful while doing contact sports, like judo, football, etc.. Always wear a mouth guard.

Oral hygiene

1. Oral hygiene should be increased. Brush your teeth after each meal (if not possible, rinse the mouth with water), and use a dental floss or oral irrigator.
2. For interdental space cleaning, we recommend interdental brushes or Super Floss with a hard tip, to transfer it under the archwire.
3. It is worth using a single bundle brush to facilitate cleaning the surface around the bracket, and the brackets themselves.
4. It is recommended that in-office hygienization procedure be performed every three months.
5. Aside from orthodontic and hygienization check-up visits, the patient should have regular check-ups of their dentition. If decay is found, treatment may be performed by another doctor, but it is indicated to remove an archwire, or another element of the appliance before the visit.

Diet

1. Avoid hard foods, such as nuts, bones, biscuits, and sweets like toffee.
2. Avoid consumption of food products causing discolouration of ligatures. Discolouration of ligatures (or other elements in certain appliances) is caused by products containing strong dyes. **These include:** fruit or vegetables: beetroot, red pepper (hot and sweet), cherries, blackcurrants, blueberries, chokeberry; drinks: coffee (even with milk), tea (any type, including green tea), cola, juices from the above-mentioned fruit, red wine, spices with the addition of curry, curcuma, soy sauce, chilli, tabasco; dyed sweets: gels, drops, ice creams and lolly pops (especially such that dye the tongue); Smoking cigarettes may also contribute to discolouration. Brackets and archwire usually do not get discoloured, but they may acquire stain from the above-mentioned factors, which may be removed by sandblasting.

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First aid for orthodontic patients

1. if the bracket or band becomes unstuck, apply a piece of wax thereon,
2. in the event of irritation of the gums, tongue or cheek, apply wax on the elements causing irritation, e.g. protruding brackets, wires, or bands,
3. apply soothing gels or ointments, e.g. sachol, carident, solcoseryl, trascodent, cicalium, on the irritated sites
4. contact the registration as soon as possible to arrange a visit.

Emergency situations

If the appliance causes discomfort or problems, the patient may provide effective help him-/herself.

Typical situation are described below:

Tooth pain after putting on the appliance- not every patient experiences pain – this depends on individual predisposition of the patient. The complaints usually do not require the use of analgesics. In the event of strong pain, take a pain pill, like panadol, paracetamol, ibuprofen, or apap.

Abrasions - cover the element of the appliance causing abrasion with special wax. You can use an OTC preparation for mucosal abrasions (sachol, solcoseryl, cicalium).

Protruding archwire- one may try to cover the archwire tip with wax, or using sharp pincers, trim it possibly close to the bracket (taking special precautions).

Loose bracket- usually does not require immediate medical intervention; the bracket may be fixed at the next visit. If the loose element irritates mucosa, it may be covered with wax or contact the registration to arrange a visit.

.....
(patient's signature and date)