



**JOLLEY
SMILES**
ORTHODONTICS

Dr. Tyler H. Jolley D.M.D
Dr. Zach Pitcher D.M.D, M.D.S.
601 28¼ Rd. Suite E.
Grand Junction, CO 81506
(970) 523-6333
www.JolleySmiles.com

Informed Consent

The following information is important for you to have and understand. This information is routinely shared with all of our patients. We are excited about creating beautiful and healthy smiles. We also feel that anyone considering orthodontics should understand that orthodontic therapy has some risks and limitations. Our goal is to create the ideal smile, and we will do everything in our power to achieve that result. In dealing with the many differences in growth, development, genetics and patient cooperation, it is important to realize that perfection is not always possible. Sometimes, we must accept a functionally and aesthetically adequate result.

_____ It is a fact that teeth are constantly changing position throughout life with or without braces, and it is not uncommon for slight alignment irregularities to occur over time. This is true with even the most faithful retainer wear. The more irregular the teeth were before treatment, the more likely they will be to move after braces. Abnormal muscle function may also affect stability. It is possible (though uncommon) that additional treatment may be suggested later on in life.

_____ Sometimes, although rarely, the nerve of a tooth may die. This is much more likely in teeth with “deep” decay or some other form of trauma. If the nerve dies, root canal (endodontic) therapy will be necessary and is performed by another dentist. Some patients may have an increased likelihood of developing periodontal (gum) disease and/or changes in the shape and health of the gum tissue (loss of interdental papilla) or thin gums.

_____ The patient’s most important responsibility is to keep the teeth and appliances clean and intact. In some instances, the enamel of some teeth can be affected by prolonged wearing of appliances and poor oral hygiene. If, after thorough instruction, the patient is unmotivated to improve hygiene, treatment will be terminated and the braces removed. In other words, the patient’s general welfare supercedes orthodontic care.

_____ Orthodontic treatment may at times cause some discomfort. Some patients have or may develop allergies to dental materials and/or orthodontic appliances which may necessitate early termination of treatment and compromise of the result.

_____ Root resorption or the dissolving of the root of a tooth may occur during orthodontic treatment. This process is not predictable. It can be due to many factors including trauma, impaction, endocrine disorders and other systemic and idiopathic reasons. Under healthy circumstances, shortened roots will not significantly affect tooth longevity but can adversely affect longevity in conjunction with gum disease.

_____ Orthodontic therapy may in some circumstances adversely affect the temporo-mandibular joint (TMJ). Correct alignment of the teeth and bite appear to improve tooth related causes of TMJ pain, but not in all cases. TMJ problems are very rarely caused by a single circumstance and appear to be adversely affected by tension, stress and trauma.

_____ Abnormal and disproportionate growth of the jaws occurs in some people and is unpredictable. This type of jaw growth can affect jaw relation and may require changing the original treatment objectives or accepting a compromised result. Skeletal growth disharmony is a biological process and is beyond the control of the orthodontist.

_____ If extraction of teeth, exposure of impacted teeth or orthognathic (jaw) surgery are suggested as options in conjunction with orthodontic treatment, there may be additional risks associated with these treatments and they should be discussed thoroughly with the dentist or surgeon who performs these procedures.

_____ Treatment times are estimates only and can be delayed due to: poor patient cooperation, poor oral hygiene, broken appliances, missed appointments and lack of facial growth. Significantly delayed treatment times adversely affect the desired result. Each patient’s treatment is on an individual basis.

_____ While infrequent and usually of minor consequence, it is possible that injury from appliances may occur such as swallowing, aspiration, enamel fracture or increased likelihood of decalcification and/or dental caries (cavities) due to poor brushing.

_____ Some preexisting conditions such as congenitally misshaped or missing teeth may require additional dental restorative treatment or implants (not through this office) and may compromise an ideal result.

ACKNOWLEDGEMENT OF INFORMED CONSENT

I hereby acknowledge that the major treatment considerations and potential risks of orthodontic treatment have been presented to me. I have read and understand the above information and I have been given the opportunity to ask quesitons regarding the proposed treatment and the information on this form. I understand that orthodontic treatment is elective and that other choices may include restorative dental treatment or no treatment at all.

I have read and understand the above informed consent letter:

Print Patient Name

Signature - Patient / Responsible Party

Signature - Witness

Date