



## Patient Information and Consent to Begin Invisalign Treatment

Before we begin orthodontic treatment for \_\_\_\_\_, we want to advise you of the problems occasionally associated with orthodontic treatment. While recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that orthodontic treatment, like any treatment of the body, has potential risks and limitations.

**Perfection** is our goal. However, in dealing with human beings and problems of growth and development and patient cooperation, achieving perfection is not always possible. Often a functionally and esthetically adequate result must be accepted.

If a patient does not control plaque well throughout treatment, cavities, permanent scarring of the teeth (**decalcification**, or softening of dental enamel with resultant white or brown spots), or breakdown of the supporting gum and bone can result. Because of the nature of the Invisalign aligners, it is **mandatory** that the patient eat or drink **NOTHING** (except plain water) while the aligners are in place. Any other food or drink consumed while the aligners are in place can easily lead to severe decay in a short period of time.

Periodontal problems can be caused by accumulation of plaque around the teeth and gums, but there are also unknown causes. Should periodontal disease not be controllable, orthodontic treatment may have to be discontinued short of its completion. This is a rare situation and usually only occurs in patients who began treatment with pre-existing tendencies for periodontal problems. Follow our instructions for cleaning both teeth and appliances after each meal, as well as the use of prescription-strength fluoride rinses, in order to negate or minimize these risks. If your cleaning visits are done in this office, they must be maintained at the interval recommended for you. If your check-ups and cleanings are done elsewhere, you must continue to have check-ups and cleanings with your dentist at least twice a year.

**Root resorption** can occur with orthodontic treatment. This is a condition where the roots of the teeth start to shrink, thus giving less support to these teeth. Root resorption can be caused by trauma, impaction, or endocrine disorders, and is sometimes seen in orthodontic treatment. Under healthy circumstances, resorption is no disadvantage, but in the event of periodontal (gum) disease in later life, it may be a factor in the prognosis of involved teeth. While root resorption is rare, if it occurs it may be necessary to discontinue treatment early to preserve the tooth or teeth in question.

**Nonvital teeth**, in which the nerve tissues have died, are usually the result of decay or other injury, and rarely due to orthodontics. A tooth in which the nerve is unhealthy but asymptomatic (not painful) may “flare up” during orthodontic movement. It may become infected or undergo internal resorption, and it may require root canal therapy and a crown.

**Temporomandibular Joint (TMJ) problems** (involving the jaw joints) may exist or occur during or following orthodontic treatment, although many people who have never had orthodontic treatment also have TMJ problems. Stress appears to play a role in both frequency and severity of such problems. However, any previous symptoms may stay the same or even get worse, since the damage already has been done. This is more likely if the problem has been of long duration, even though you may not have been aware of it. If this problem should occur, further treatment by a TMJ specialist may be necessary. We always consider optimal temporomandibular health and function in our treatment plan.

**Other potential problems and risks**

- When sharp instruments are used or placed in the mouth, it is possible that the patient may be inadvertently scratched or poked, especially if the patient moves at a critical time during the procedure.
- It is possible for a foreign object to fall in the back of the mouth, and if it is far enough back or if the patient reflexes at that instant, the object may be swallowed or inhaled. Great care is used in placing and removing the braces and bonded attachments.
- Teeth previously weakened by cracks in the enamel, undetected cavities, or weak fillings may be damaged during the placement or removal of the braces.
- Allergic reactions to some of the materials used during treatment have occurred on very rare occasions.
- Ankylosed teeth, in which the roots are fused to the surrounding bone, may be present and will not move under normal circumstances.

**Relapse**

Nothing lasts forever. This also applies to the orthodontic results that are achieved. Orthodontic therapy is undertaken to improve your overall oral health and to make your bite as normal as possible given the clinical circumstances. However, **throughout life, tooth position is constantly changing.** Post-orthodontic patients are subject to these same changes that occur in non-orthodontic patients. Very severe problems and rotated teeth have a greater tendency to relapse. These are factors that treatment cannot control:

- The direction and amount of growth remaining in the jaws
- The size and/or relationship of jaws to each other and to the rest of the face
- The soft tissue and bony support for the teeth
- The size and shape of teeth and fillings in teeth
- Any oral habits, including tongue position
- The patient’s cooperation during treatment and during retention

All of these factors have the potential to affect the stability of the finished orthodontic result. All tissues in the body change with the aging process, including the position of your teeth and your jaws. In order to minimize the affect of aging changes, we may advise wearing retainers indefinitely.

We request permission to take photographs of the teeth and face, before, after, and possibly during orthodontic treatment. These photos are used in diagnosis, progress evaluation, and possibly for the educational viewing by other dentists or to describe treatment effectiveness to other patients. Your signature at the close of this letter indicates your permission for the above.

We consider it a privilege to have you in our practice and encourage you to ask questions any time.

**I/WE HAVE READ AND UNDERSTAND BOTH THIS CONSENT LETTER. I/WE AGREE TO ABIDE BY THE RECOMMENDATIONS THEREIN, AND UNDERSTAND THAT ADDITIONAL TREATMENT TIME AND EXPENSE MAY BE THE RESULT OF NONCOMPLIANCE WITH THE RECOMMENDATIONS.**

\_\_\_\_\_  
PATIENT

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF