

Parker Orthodontics
Justin Parker DDS, MS, PC



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801-262-1500

INFORMED CONSENT
For the Orthodontic Patient
Risks and Limitations of Orthodontic Treatment

~RESPARTY~

RESPONSIBLE PARTY NAME

~PTFULLNAME~

PATIENT

ADDRESS

~DATE~

DATE

We are pleased to receive you as a new patient in our office and will work closely with you to insure maximum benefit from your custom treatment plan for your particular orthodontic problem. As a general rule, informed and cooperative patients can achieve positive orthodontic results. You should also be aware that orthodontic treatment has limitations and potential risks. These are seldom serious enough to indicate that you should not have treatment; however, all patients should seriously consider the option of no orthodontic treatment at all by accepting their present oral condition. Alternatives to orthodontic treatment vary with the individual's specific problem, and prosthetic solutions or limited orthodontic treatment may be considerations. You are encouraged to discuss alternatives with Dr. Parker prior to beginning treatment.

This information and consent has been prepared to verify our conversations and provide you information concerning orthodontic procedures during treatment, what you can expect from our office in providing these services for you and in turn what we expect from you in helping us to achieve the end result.

OFFICE POLICIES & INSTRUCTIONS

COOPERATION

Your cooperation is the key to efficient treatment and the best possible orthodontic result. This simply cannot be overemphasized. The instructions regarding appliances, (when needed), elastics, oral hygiene, etc. should be carefully followed. Oral hygiene must be monitored by parents, our staff, and your dentist. If proper oral hygiene is not maintained permanent scarring, even cavities can occur. The diet must be restricted so that hard, sticky, and high sugar foods are omitted. Playing with appliances can alter the proper

adjustment, and should not be done.

APPOINTMENTS

Your appointments are made at intervals for best treatment progress. They can vary from one to twelve weeks but generally are scheduled at four to eight week intervals to facilitate complete activation of our modern appliances. We recognize there are emergencies that require special appointments, we will make changes with proper notice to best accommodate our mutual needs. Repeat broken appointments and/or excessive

tardiness will prolong treatment time and may require additional fees. *Many of our patients attend school; it is necessary to schedule appointments during school hours. After school appointments are reserved for the short adjustments which allow for more patients to be seen without missing as much school.* In an effort to maintain a healthy staff please call and cancel if you are sick or under care of a physician for a contagious illness. If rescheduling your appointment is not possible please let us know when your child is sick. We will do our best

to accommodate these circumstances.

APPLIANCE CARE

Sometimes accidents occur which cause the braces to break. We understand this aspect of treatment and ask you to call the office when breakage occurs. Generally the appointment will need to be changed in order to allow time necessary to make the repairs. Orthodontic breakage usually occurs from carelessness. All hard sticky foods will cause damage to the appliances and is one major factor, which increases the time it takes to align the teeth. Please avoid these foods to minimize treatment time and discomfort to the patient. We have reviewed with you those foods that are particularly "dangerous" to the appliance; please be careful. Repeat breakage due to lack of cooperation will make it necessary to charge for the cost of replacement appliances and any additional time needed to complete treatment.

DENTAL CARE

We will inform you of any cavities that we observe during the active treatment, but we do not assume responsibility to screen for decay or necessary dental work that may be needed before or after treatment. It is necessary that all fillings be completed prior to starting treatment. Good brushing habits will minimize any dental problems you may have. The patient will be taught proper brushing methods, and we will review as often as needed to help maintain good oral hygiene. As an additional precaution, we ask you to visit with your dentist every six months to allow him to check the progress made as well as any cavity areas. Extractions are performed by the dentist or in some instances by an oral surgeon. Our orthodontic fee

includes all treatment performed by Dr. Parker but does not include the dental procedures performed by other health care professionals.

LENGTH OF TREATMENT

The exact duration of treatment for orthodontic patients is difficult to establish. Experience has proven that the severe problem is often completed in less time than is the less obvious problem. Due to the elements of cooperation, individual response, growth, habits, muscle changes and adaptation make it difficult to precisely predict treatment time. Therefore, the exact treatment time is estimated and not determined. The proper finishing of each case for good appearance and stability is more important than the element of time. With proper cooperation and few unforeseen complications "average" patients require 18-24 months of active appliance treatment. After removal of appliances additional time is required for retainer wear. This time is very important because the teeth assume their most functional stable position during the retention period. The requirements for each patient vary, and will be reviewed with you.

DISCOMFORT

The mouth is very sensitive so you can expect an adjustment period and some discomfort due to the introduction of orthodontic appliances. Non-prescription pain medication can be used during this adjustment period.

FEE

The fees are based on the overall cost and not the number of office visits. If active treatment is prolonged beyond the estimated treatment time, there will be no additional fee, unless the prolonged treatment is due to unsatisfactory cooperation by the

patient. The payment plan is offered as a courtesy, all accounts are expected to be paid in full before appliances are removed or at the end of your individual contract. There will be no interest or finance charges made as long as accounts are kept current. A late payment penalty of \$25.00 will be charged on accounts past due. An account will be considered past due if not paid in 30 days. All past due balances will be charged a 30% APR until balance is made current.

RETENTION

When the braces are removed the active treatment phase is finished, but all the work is by no means completed, retainers must be worn to insure the maintenance of the desired end result until the maximum benefit is achieved. The wearing of retainers is easy and is expected from every patient. It is extremely critical that they be worn properly and for the right amount of time. One set of retainers is included in the fee. However, if they are lost or broken, there will be a replacement fee for each retainer.

INSURANCE

Our office will assist you in processing all insurance. If your insurance pays, it typically will pay either a certain fixed amount or a percentage of the fee. There is considerable variation in the coverage of these programs, but essentially they are a way for you to obtain assistance with your orthodontic expenses. As a courtesy our office will work with the insurance carrier, but if any problems with coverage arise we will work with you on payment responsibilities. Complete payment for orthodontic treatment ultimately rests on the patient and not the insurance provider. Initial insurance filings are

complimentary, each additional filing is subject to a \$75.00 administrative fee.

TRANSFERS

In the event you move from our area, and transfer is necessary prior to completion of treatment, we will attempt to find an orthodontist in your new area that will be able to assist in completing the work. If moving to a large area, generally no problems occur. Small rural towns often present problems. The fee will be adjusted for services rendered to date. It should be noted that orthodontists' fees vary across the country.

EMERGENCIES

Orthodontics has few true emergencies however, we realize occurrences take place which need our attention. Please contact our office if you are experiencing unusual discomfort or if your appliances are loose or broken. You can phone 262-1500 and will be able to reach assistance. Please notify us if in advance of your arrival to the office if you need special time allocated to repair your appliances. This is important because proper time must be allotted to complete repairs. If you arrive without notification, you may have to reschedule the repair time even if you are coming for a regularly scheduled appointment.

GENERAL ORTHODONTIC TREATMENT INFORMATION

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 some inherent risks. These are seldom contraindications to orthodontic treatment, but you should be fully informed when making your decision to wear

orthodontic appliances. Listed below are the most common, but not all risks associated with braces. Most of the below mentioned risks occur very rarely. Others can be controlled through good patient understanding and full cooperation. Orthodontics has a great deal to offer but often requires teamwork between the patient and the Orthodontist. There is nothing we can do that will overcome what the patient is unwilling to do. Our office is committed to provide you the very best our education, skills and technology have to offer. We are confident that your new smile will be a wonderful lifetime investment.

LIMITATIONS OF TREATMENT

There are definite limitations to orthodontic treatment. Every patient presents variations from the norm, which may modify the results accepted for their individual case. When dealing with an abnormal condition one cannot expect to achieve perfection but to secure improvement to the degree that the original problem will allow. The best possible improvement is dependent upon the appliance care, cooperation of each patient, and our efforts. When the skeletal foundation of the teeth is too far from the norm, sometimes surgical assistance is needed to bring the foundation into better alignment. In the event your particular problem presents this way, we will discuss with you these conditions and their ramifications. Some patients are missing some teeth or have teeth of varying sizes, which make the setting of the bite or the "occlusion", difficult to obtain in all cases. Development of any unforeseen circumstances that may prolong or interfere with treatment will be discussed and

the best solution can be determined. Implicit cooperation in following the instructions given is the best way to insure the greatest success and the least limitation of treatment.

DECALCIFICATION (PERMANENT MARKINGS), DECAY

These problems can occur with or without orthodontic treatment; however, they are much more common in patients who do not brush their teeth properly and thoroughly during orthodontic treatment. Excellent oral hygiene and proper brushing is a must, and cannot be overemphasized. Sugars and in-between meal snacks should be curtailed. There are many fluoridated rinses commercially available which are a great help in eliminating the potential problems. We recommend a fluoridated toothpaste be used three times daily and flossing before bed. The most important element however, is time. Those patients that consistently put forth proper effort and spend the adequate time brushing have no problems with decalcification or decay.

GUM PROBLEMS

Most gum problems during orthodontic treatment are a result of poor brushing. Thoroughly cleansing the braces and proper massage of the gum tissue surrounding the teeth just takes time. The lack of proper oral hygiene results in the gum tissue becoming puffy and swollen. When the gums are in this condition it becomes difficult to adjust the appliances properly. In addition, the enlarged gum tissue prevents proper cleansing of the teeth, which often results in the above-mentioned decalcification. When the teeth are malaligned and are out of their ideal position, the bone and gum tissue which surround these teeth are thin and weaker than normal. In some

patients, these tissues appear lower than normal exposing some of the root of the tooth. One of the reasons for wearing braces is to move teeth into normal position that usually helps this problem. When brushing technique is inadequate or improper, gum and bone recession can occur. This is called gingival stripping. This stripping doesn't often occur, but may require evaluation and possible treatment by your general dentist or a periodontist – A dentist that specializes in gum and bone conditions. Adults with gum and bone problems (periodontal disease) prior to orthodontics could even lose their teeth during orthodontics, if not properly cared for.

ROOT RESORPTION

In most patients, the root ends of the teeth are slightly shortened during treatment. If the surrounding tissues are healthy this minimal shortening is no disadvantage. A small percentage of the population does have more significant root shortening. We will monitor the roots and modify treatment accordingly. Termination of treatment is possible in severe cases. It should be noted not all root resorption is caused from orthodontic treatment. Trauma, impaction, endocrine disorders, are some areas of current study with regard to root resorption. Much research has been done to determine causes but a single concrete answer has still not been found. Children with hormonal disturbances (thyroid, etc.) seem to have resorption occur more readily. Inconsistent wearing of elastics, rubber bands, or other appliances during treatment has been attributed as a causative factor because it lengthens treatment time. Again the importance of patient cooperation

can not be over emphasized in this regard.

NON-VITAL TEETH

Rarely during orthodontics movement a tooth will become non-vital. This means the nerve and or blood supply to the tooth has been affected. Generally it occurs with an accident blow to the teeth during sports or other similar activities. It is often attributed to a deep cavity or in some occasions the nerve simply deteriorates over a long period of time and cannot be attributed to any one specific event or accident; it just occurs. The affected tooth will take up a slightly gray and generally would require root canal treatment to take away the discoloration. In some instances where the discoloration is extensive a crown would be needed to restore good coloration. The fee charged for these unforeseen services would be paid to the performing doctor and would not be part of our stated fee. Our desire is not to limit participation in sports activities but to call your attention to the possibilities and the need for proper precaution.

TMJ PROBLEMS

Temporomandibular joints are the joints of the jaw. Popping, limited function and pain are often associated with these problems. Generally in younger children the earlier correction of malaligned teeth will allow for normal development of TMJ joints, and they will function properly. More TMJ problems are seen in adults and most commonly in women. Orthodontic correction in many instances will help TMJ problems. In some cases it will uncover the predisposed existing factors to joint dysfunction. Tension and stress appear to play a role in the frequency and severity of joint dysfunction. It should be noted that many

professional specialties in both medical and dental profession are concerned with the TMJ problems. ENT physicians, neurologist, psychologists, orthodontist, oral surgeons, radiologists, as well as dentists are studying the causative factors and treatment directions, but as in many areas of the body, there are no concrete answers to fully explain temporomandibular dysfunction. In the event there arises some concern in this area during orthodontic treatment we will work with you to the extent of the orthodontic treatment capabilities and will refer to other specialists in restorative dentistry, radiology, or oral surgery as needs arise.

IMPACTED, ANKYLOSED, UNERUPTED TEETH

Teeth may become impacted (trapped below the bone or gums), ankylosed (fused to the bone) or just fail to erupt. Oftentimes, these conditions occur for no apparent reason and generally cannot be anticipated. Treatment of these conditions depends on the particular circumstance and the overall importance of the involved tooth, and may require extraction, surgical exposure, surgical transplantation or prosthetic replacement.

REBOUND OR RELAPSE

Teeth have a tendency to return to their original position after orthodontic treatment. Severe problems have a higher tendency to relapse. The most common area for relapse is the lower front teeth. Full cooperation during treatment will minimize these tendencies and proper follow through with retainers will insure the best individual results possible. The correction will be made to the highest standards and every effort will be made to overcome these rebound tendencies. Full patient

cooperation during active treatment is the single best assurance of a proper end result, and the fewest problems during the retention phase.

OCCLUSAL ADJUSTMENT

You can expect minimal imperfections in the way your teeth meet following the end of treatment. An occlusal equilibration procedure may be necessary, which is a grinding method used to fine-tune the occlusion. It may be necessary to remove a small amount of enamel in between the teeth, thereby “flattening” surfaces in order to reduce the possibility of a relapse.

HOLLYWOOD TREATMENT

It may be necessary to remove a minimal amount of tooth enamel to shape your teeth for cosmetic appeal and optimal results.

INTERPROXIMAL REDUCTION (IPR)

Teeth may require interproximal recontouring or slenderizing in order to create space to allow tooth movement to occur.

SKELETAL GROWTH DISHARMONY

Occasionally, a person who has grown normally and in average proportion may not continue to do so. If growth becomes disproportionate the jaw relation can be effected, and the original treatment objectives may have to be altered. Skeletal growth disharmony is a biological process and is beyond the orthodontist’s control. Fortunately it occurs very rarely and generally is not a concern.

NON-IDEAL RESULTS

Due to wide variation in the size and shape of the teeth, missing teeth, etc., achievement of an ideal result (for example, complete closure of a space) may not be possible. Restorative dental treatment, such as esthetic bonding, crowns or bridges or

periodontal therapy, may be indicated. You are encouraged to ask your orthodontist and family dentist about adjunctive care.

THIRD MOLARS

As third molars (wisdom teeth) develop, your teeth may change alignment. Your dentist and/or orthodontist should monitor them in order to determine when and if the third molars need to be removed.

ALLERGIES

Occasionally, patients can be allergic to some of the component materials of their orthodontic appliances. This may require a change in treatment plan or discontinuance of treatment prior to completion. Although very uncommon, medical management of dental material allergies may be necessary.

GENERAL HEALTH PROBLEMS

General health problems such as bone, blood or endocrine disorders, and many prescription and non-prescription drugs (including bisphosphonates such as Boniva, Actonel, Fosmax) can affect your orthodontic treatment. It is imperative that you inform your orthodontist of any changes in your general health status.

USE OF TOBACCO PRODUCTS

Smoking or chewing tobacco has been shown to increase the risk of gum disease and interferes with healing after oral surgery. Tobacco users are also more prone to oral cancer, gum recession, and delayed tooth movement during orthodontic treatment. If you use tobacco, you must carefully consider the possibility of a compromised orthodontic result.

TEMPORARY ANCHORAGE DEVICES

Your treatment may include the use of a temporary anchorage device(s) (i.e. metal screw or plate attached to the bone.) There are specific risks associated with them.

It is possible that the screw(s) could become loose which would require its/their removal and possibility relocation or replacement with a larger screw. The screw and related material may be accidentally swallowed. If the device cannot be stabilized for an adequate length of time, an alternate treatment plan may be necessary.

It is possible that the tissue around the device could become inflamed or infected, or the soft tissue could grow over the device, which could also require its removal, surgical excision of the tissue and/or the use of antibiotics or antimicrobial rinses.

It is possible that the screws could break (i.e. upon insertion or removal.) If this occurs, the broken piece may be left in your mouth or may be surgically removed. This may require referral to another dental specialist.

When inserting the device(s), it is possible to damage the root of a tooth, a nerve, or to perforate the maxillary sinus. Usually these problems are not significant; however, additional dental or medical treatment may be necessary.

Local anesthetic may be used when these devices are inserted or removed, which also has risks. Please advise the doctor placing the device if you have had any difficulties with dental anesthetics in the past.

INVISALIGN

Invisalign offers an esthetic alternative to conventional braces and allow for normal brushing and flossing tasks that are generally impaired by conventional braces. Invisalign aligners, developed by Align Technology, Inc. (“Align”) consist of a series of clear plastic, removable appliances that move your teeth in small increments. Invisalign products combine your doctor’s diagnosis and prescription with sophisticated computer graphics technology to develop a treatment plan which specifies the desired movements of your teeth during the course of your treatment. Upon approval of a treatment plan developed by Dr. Parker, a series of customized Invisalign aligners is produced specifically for your treatment.

The total number of aligners will vary depending on the complexity of your doctor’s prescription. The aligners will be individually numbered and dispensed to you with specific instructions for use. Unless otherwise instructed, you should wear your aligners for approximately 20 to 22 hours per day, removing them only to eat, brush and floss. As directed, you will switch to the next aligner in the series every two to three weeks. Treatment duration varies depending on the complexity of your prescription. You should schedule a follow up appointment at a minimum of every 6 to 8 weeks. Some patients may require bonded aesthetic attachments and/or elastics on their teeth during treatment to facilitate specific dental movements. Patients may require addition refinement after the initial series of aligners.

RISK & INCONVENIENCES

Like other orthodontic treatments, the use of Invisalign product(s) may involve some of the risks outlined below:

Failure to wear the appliance for the required number of hours per day, not using the products as directed by your doctor, missing appointments, and atypically shaped teeth can lengthen the treatment time and affect the ability to achieve the desired results.

Dental tenderness may be experienced after switching to the next aligner in the series.

Gums, cheeks, and lips may be scratched or irritated.

Teeth may shift position after treatment. Faithful wearing of retainers at the end of treatment should reduce this tendency.

Tooth decay, periodontal disease, inflammation of the gums or permanent markings (i.e. decalcification) may occur if patients consume foods or beverages containing sugar, do not brush and floss their teeth properly before wearing the Invisalign products, or do not use proper oral hygiene and preventative maintenance.

The aligners may temporarily affect speech and may result in a lisp, although any speech impediment caused by the Invisalign products should disappear within one or two weeks.

Aligners may cause temporary increase in salivation or mouth dryness and certain medications can heighten this effect.

Attachments may be bonded to one or more teeth during the course of treat.

Teeth may require interproximal recontouring or slenderizing in order to create space to allow tooth movement to occur;

General medical conditions and use of medications can affect orthodontic treatment.

Health of bone and gums which support the teeth may be impaired or aggravated.

Oral surgery may be necessary to correct crowding or severe jaw imbalances that are present prior to wearing the Invisalign product. If oral surgery is required, risks associated with anesthesia and proper healing must be taken into account prior to treatment.

A tooth that has been previously traumatized, or significantly restored may be aggravated. In rare instances the useful life of the tooth may be reduced, the tooth may require additional dental treatment such as endodontic and / or additional restorative work and the tooth may be lost.

Existing dental restorations (i.e. crowns) may become dislodged and require re-cementation or in some instances replacement.

Product breakage has a higher probability in cases with multiple missing teeth

In rare instances, problems may also occur in the jaw joint, causing joint pain, headaches or ear problems.

Allergic reactions may occur; And teeth that are not at least partially covered by the aligner may undergo supraeruption.

ACKNOWLEDGEMENT & INFORMED CONSENT TO TREAT

If you desire additional information on any of the above points covered, please ask for clarification. I have carefully read the above material (pages 1-7) and consent and fully understand the treatment considerations and risks presented in this form. I also understand that there may be other problems that occur less frequently than those presented, and that actual results may differ from the anticipated results. I acknowledge that I have discussed this form with the undersigned orthodontist and have been given the opportunity to ask any questions. I have been asked to make a choice about my treatment.

I also authorize the orthodontist to provide my health care information to other health care providers including, but not limited to, radiographs (x-rays), reports, charts, medical history, photographs, findings, models or impressions of teeth, prescriptions, diagnosis, billing, and other treatment records in my doctor’s possession.

I understand that use of my medical records may result in disclosure of my “individually identifiable health information” as defined by the Health Insurance portability and Accountability Act (“HIPPA”). I hereby consent to the disclosure(s) as set forth above. I will not, nor shall anyone on my behalf seek legal, equitable or monetary damages or remedies for such disclosure. I acknowledge that use of my medical records is without compensation and that I will not nor shall anyone on my behalf have any right of approval, claim of compensation, or seek or obtain legal, equitable or monetary damages or remedies arising out of any use such that comply with the terms of this Consent.

A photostatic copy of this Consent shall be considered as effective and valid as an original. **I understand that my treatment fee covers only treatment provided by the orthodontist, and that treatment provided by other dental or medical professionals is not included in the fee for my orthodontic treatment.** I have carefully read the above material and consent to treatment by Justin Parker D.D.S., M.S., P.C., and his staff for the correction of the orthodontic consideration of my children or myself.

RESPONSIBLE PARTY (over 21)

OFFICE STAFF

DATE

DATE

CONSENT TO UNDERGO ORTHODONTIC TREATMENT

I hereby consent to the making of diagnostic records, including x-rays, before, during and following orthodontic treatment and to the above doctor, and, where appropriate, staff providing orthodontic treatment prescribed by the above doctor for the above individual. I fully understand all of the risks associated with the treatment.

RESPONSIBLE PARTY (over 21)

DATE

PERMISSION TO USE RECORDS FOR STUDY & RESEARCH

I hereby give my permission for the use of orthodontic records, including photographs, made in the process or examinations, treatment, and retention for purposes of professional consultations, research, education and training of other professionals and colleagues. I will allow Dr. Justin Parker D.D.S., M.S., P.C. the full use of all x-rays, photographs, molds, other diagnostics and treatment material.

I have the legal authority to sign this on behalf of:

NAME OF PATIENT

RESPONSIBLE PARTY (over 21)/ RELATIONSHIP TO PATIENT

DATE