

Madison Orthodontic Centers
SUPPLEMENTAL
INFORMED CONSENT

Orthodontic Treatment in the Era of COVID-19

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as “Coronavirus,” at any time or in any place. Be assured that we have always followed state and federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of all diseases in our office and continue to do so.

Despite our careful attention to sterilization, disinfection, and use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be at your gym, grocery store, or favorite restaurant. “Social Distancing” nationwide has reduced the transmission of the Coronavirus. Although we have taken measures to provide social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, orthodontist, orthodontic staff and sometimes other patients at all times.

Although exposure is unlikely, do you accept the risk and consent to treatment?

YES

NO

Patient Name

Parent/Guardian-Print Name *(If patient is under 18)*

Relationship to Patient

Patient/Parent/Guardian Signature

Date

Patient Name: _____

Madison Orthodontic Centers Informed Consent

Informed consent indicates your awareness of the negative as well as positive aspects of orthodontic treatment. This includes your understanding of the diagnosis and purpose of proposed treatment, risks, treatment alternatives and prognosis if there is no treatment.

To begin, it is important to understand that Dr. Kuhn is not obligated to treat everyone who seeks treatment. There are multiple elements considered before treatment is proposed. One primary consideration is "what are the patients/parent expectations?" Can we meet your expectations? We do not promise or guarantee a "perfect" result. We only promise that we will give our best effort to obtain the best possible result in a reasonable length of time. At the treatment conference we explain our proposed orthodontic treatment. However, I feel to list and explain the unfavorable aspects is helpful and informative as well. Risks include, but are not limited to:

1. Root resorption is a reduction of root surface or root length of certain teeth. If root resorption does occur during orthodontic treatment, in the great majority of patients it does not jeopardize the health, function, longevity, or appearance of the teeth. It must be remembered that this unusual phenomenon can occur in individuals that have never had orthodontic treatment. Hormonal imbalances, especially in older patients, may be a contributing factor.
2. The decaying of teeth with braces on them results from poor oral hygiene. This decalcification of the enamel shows up as white areas of enamel. This can be prevented by the careful brushing of braces, teeth, and gingival tissue as directed. The avoidance of sweets, soda pop, and candy is also recommended. Please continue to see your family dentist every 6 months for routine dental care.
3. Periodontal disease can also result from poor oral hygiene. Of course, this problem will not occur if the teeth and gingival tissue are carefully brushed. Extremely poor oral hygiene may result in receding gums and gradual loss of supporting bone for your teeth.
4. On rare occasions, the nerve of a tooth can undergo regression and may become non-vital as a consequence of pressure of orthodontic braces. This may also result from trauma to the tooth such as blows, falls, or being hit by an object. Nerve degeneration may require root canal therapy to maintain the health of the tooth.
5. In some instances, and here again the incidence is infrequent, the patient presents some problems with the joint of the lower jaw. This joint is called the temporomandibular joint. This is manifested by clicking or pain in the joint upon opening or closing the jaw. There may also be pain in the facial and oral muscles. These symptoms can also be present in individuals who are not undergoing orthodontic treatment.
6. Teeth shift during the lifetime of any individual regardless of orthodontic treatment. With orthodontic treatment there are normal changes in positioning of the teeth following active treatment. I make every effort to prevent unwanted relapse by proper treatment and long-term retention.

7. Pre-existing conditions do exist which may preclude an accurate skeletal and occlusal pattern from being identified. These physical accommodations sometimes mask the true nature or the full extent of the problem. As a consequence, treatment plans are sometimes modified during the course of treatment; including the potential for orthognathic surgery... especially in those patients exhibiting abnormal jaw growth.

8. Gum tissue reacts to braces and treatment in different ways. If dental hygiene is satisfactory, there will be minimal change. But sometimes the gum tissue becomes very swollen and/or inflamed requiring the removal of braces... in almost all cases the gum tissue will then return to normal.

9. Length of treatment is variable. You have been given our best estimate. We have no reason to lessen the predicted duration. However, abnormal jaw growth, poor hygiene, poor cooperation, broken appliances and missed appointments can extend treatment and affect the quality of the results.

It is critical and very important that you understand:

What is the probable treatment prognosis?

What are alternative treatment choices?

What are any foreseeable complications?

The patient/parents have a right to refuse treatment.

Perfection may be our goal, but in dealing with problems of growth and development, genetics and the environment, as well as patient cooperation as we do in orthodontics, adequacy may be a necessary standard. No practitioner of medicine or dentistry can guarantee any result but can only indicate that they will attempt to resolve the particular problem to the best of their ability. We will provide a safe and infection-controlled environment and treat the patient with respect. To this end you have my assurance.

I HAVE BEEN GIVEN AN OPPORTUNITY TO ASK QUESTIONS AND HAVE THOSE QUESTIONS ANSWERED.

Your signature on this form authorizes orthodontic treatment and defines your awareness of informed consent.

Signature

Date

Witness

Date