



Orthodontic General Consent Form

Patient _____

DOB _____ PT No _____

Please read and initial the items below. Please read and sign the section at the end of the form.

1. WORK TO BE DONE

Initial I understand that one or more of the following items may be recommended: Orthodontic treatment including braces or Invisalign, fillings, crowns, bridges, partials, dentures, implants, extractions, root canals, retainers, and/or cleanings. I understand that I will be given a more detailed consent form regarding any recommended orthodontic treatment as well as discussing possible risks, benefits, and alternative options. I understand that dental impressions may be necessary if retainers are recommended or for diagnostic purposes.

2. DRUGS AND MEDICATIONS

Initial I understand that any medication (including antibiotics and analgesics) can cause allergic reactions resulting in redness / swelling of tissues, hives, pain, itching, vomiting, difficulty breathing, anaphylactic shock (severe allergic reaction). I understand that if any of these reactions were to occur, I should immediately stop taking the medication and contact my dental care provider. I have informed my dental providers of any known drug allergies and will keep them updated regarding any changes. Certain medications (including analgesics and anti-anxiety agents) may cause drowsiness and slowed reflexes, and it is advisable not to drive or operate hazardous equipment when using such medications.

3. CHOICE OF MATERIALS

Initial There are various choices of materials (traditional metal, clear ceramic, clear plastic aligners) available for orthodontic treatment. Your doctor will make the best treatment choice recommendation for your dental needs.

4. CHANGES IN THE TREATMENT PLAN

Initial I understand that during treatment it may be necessary to change or add procedures because of conditions discovered during treatment that were not evident during examination. I authorize my doctor to use professional judgment to provide appropriate care.

5. RADIOGRAPHS

Initial I understand that radiographs (x-rays) will need to be taken in order for the doctor to develop a comprehensive treatment plan for orthodontic treatment. I authorize my doctor to use professional judgment to take any needed radiographs. In addition to radiographs, oral and facial photographs and study models are necessary for orthodontic treatment planning.

6. EXPOSURE

Initial In the event that any of my dental providers is exposed to my blood or other bodily fluids, I agree to have my blood drawn and tested for Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and the Human Immunodeficiency Virus (HIV). I understand that this testing would be done in a confidential manner and that the results would be made available only to the person who was exposed. I understand that the costs for these procedures and tests would be assumed by my dental provider.

7. SEPARATORS

Initial I understand that separators, or spacers, are required before certain procedures can be performed, and that care instructions will be provided at the time of service.

8. INTERNS / OBSERVERS

Initial On rare occasions, an intern or observer may be in the dental office to gain experience or to evaluate the standards of the practice. These opportunities are an integral part in development of staff. I understand that I may be asked permission to allow these individuals to observe or to help in my dental procedure. I understand that I have the right to refuse this request.

I understand that dentistry is not an exact science and that no specific results can be assured or guaranteed. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment which I have requested and authorized. I have had the opportunity to read this form and to have all of my questions answered by my doctor to my satisfaction. I consent to the proposed recommended treatment.

Signature of Patient _____

Date _____

Signature of Parent/Guardian if patient is a minor _____

Date _____

Signature of Dentist _____

Date _____