



INFORMED CONSENT FOR TREATMENT PHASE I

Name of Patient _____

It is our great pleasure to welcome you to our orthodontic practice, and to assure you of our sincere concern for both your general welfare and for the successful rendering of the treatment we are about to begin. Good orthodontic treatment is the result of a collaborative process between doctor and patient. It is not something that we simply “do to” you, suggesting in some way that your role is passive. Rather, your active participation in treatment, as well as your understanding of our mutual responsibilities, are of great importance. Therefore, we urge you to read this consent document carefully. When you are finished, please sign a copy for our records as evidence of your having been appropriately informed, as well as to provide an indication of your willingness to participate in this treatment effort in a way that will ensure the best possible therapeutic outcome. A second copy is being provided for your records so that you can refer to it from time to time.

Patient cooperation during the rendering of orthodontic treatment procedures is essential for rapid and successfully-completed therapy. That cooperation is most critical in the following areas:

1. Adhering to a regular visitation schedule, as we prescribe.
2. Maintaining excellent oral hygiene.
3. Avoiding foods which encourage the development of cavities, or which tend to readily break appliances.
4. Wearing removable appliances and/or auxiliary force applications, such as elastics and headgear, strictly according to our instructions.
5. Maintaining a regular visitation schedule with your general dentist, at least once every six months, for cleanings and checkups.

Since each one of these areas of cooperation is so important, let's discuss them in more detail. Each time you leave our office, you will be provided a new appointment for your next visit. Please don't leave the office without it. Intervals between visits are carefully timed to allow adequate tooth movement on the one hand, and, on the other, to prevent excessive time periods to elapse without risk of loss of proper control of the forces we have applied. We urge you to keep these appointments faithfully. Should situations arise that require you to reschedule a visit, please do so without delay so that we can find an alternative time for you as quickly as possible. We cannot be responsible for any damage that might occur to your teeth or to their supporting tissues that results from prolonged

Please initial⇒

absences from our office without appropriate supervision. In an effort to make the scheduling process as convenient as possible for you, we see patients from 8 A.M. until 5 P.M., hoping, in so doing, to make ourselves more available for school age children and working adults. Please understand, however, that the volume of patients that we are privileged to treat makes it impossible for us to see every individual for every appointment outside of normal school or work hours. Some flexibility on both sides is clearly required in the scheduling process. On those occasions when a school-time visit cannot be avoided, an appropriate excuse sheet for school officials will be provided upon request. Inevitably, during the school year, the hours between 8 A.M. and 9 A.M., and then again between 2 P.M. and 5 P.M., are the most heavily booked on our schedule. This is purely a consequence of our sincere effort to accommodate your scheduling needs, so please be understanding if any waiting upon your arrival at the office is required during those hours before we can seat you in the treatment area.

Orthodontic treatment can do wonders for your teeth to improve the attractiveness of your smile and to protect you from a variety of future dental health problems. However, braces do trap food particles during eating, which, if not properly brushed away, can, and often do, cause either cavities or “scarring” of the teeth through decalcification of the enamel. This cannot and will not happen to clean teeth! Please brush thoroughly after meals, and please make use of the fluoride gel that we provide to further protect against unnecessary damage.

Certain foods, especially those with high sugar content, or those which are unusually sticky, such as taffy and bubble gum, are to be strictly avoided. Please also refrain from biting onto hard objects which might bend or dislodge your appliances. Ice, as well as pens and pencils, are particularly common “culprits” in this regard. Finally, please do not attempt to “adjust” your appliances with your fingers. The appliances are more delicate than you might think, and they simply cannot work as we have planned for them to if they become broken or distorted.

If it were possible for us to retain control of all orthodontic forces that must be utilized to bring about a successful treatment result, we would do so. This is not the case, and we, like all orthodontists, must rely on our patients from time to time to carefully follow our instructions regarding the use of removable appliances such as Invisalign and retainers as well as added forces in the form of elastics, headgear, etc. Please follow our instructions faithfully, remembering that teeth move fastest not in response to forces of great magnitude, but in response to forces that are continuously applied.

Your teeth can and must be cleaned professionally during orthodontic treatment, and they also can and must be periodically checked for cavities or for any of the other dental problems which might arise in the course of one’s life, irrespective of the reality of ongoing orthodontic therapy. We will always point out any such problems that we notice or come to our attention, but our primary focus will always be on the progress of your orthodontic treatment and not on looking for routine dental problems. Your continuing overall dental health remains the responsibility of your general dentist, and maintaining a

Please initial⇒

regular visitation schedule with that practitioner is of paramount importance. In some instances, we may ask that such a regimen be increased in frequency, but, at a minimum, one cleaning and checkup every six months during the course of active orthodontic treatment is mandatory.

Although the risks associated with orthodontic treatment are usually not of great magnitude, risks do exist, and you should be familiar with them before you give your consent for treatment to begin. We have already alluded to the very preventable risks of decay and decalcification of the teeth. They represent, by far, the most commonly observed threat, and that is why we will be relentless in “pushing” you to maintain excellent oral hygiene. Occasionally, for reasons that are not well understood, the roots of some teeth will shorten somewhat on certain patients during the course of routine orthodontic treatment, while the same techniques and force levels will cause no such root resorption on others. Lastly, on occasion, especially on patients who exhibit a predisposition for periodontal disease, some loss of bone support can occur during tooth-moving procedures. We, and your general dentist, will be monitoring for all of these possibilities which, if detected early enough, are rarely very consequential. Please understand, however, that any of the multitude of dental health problems that may crop up in the normal course of one’s life can evidence themselves during orthodontic treatment, and that is precisely why it is so important that you see your dentist regularly during these procedures. If you don’t have a general dentist, please ask us to refer you to one, as we know several highly competent ones in all parts of this metropolitan area.

With respect to billing for our services, our normal practice is to make one fee at the outset of treatment, either for the entire treatment plan, or, if therapy is planned in separate phases, for one full phase at a time. Then, for your convenience, we offer a variety of payment plans, including a discounted fee for full payment in advance. For most patients, a choice will be made to spread payment out on a monthly plan mutually agreed upon before treatment begins. Please note that in this regard, since we are not charging on a by-the-visit or by-the-appliance basis, this extended payment plan merely represents a convenient method of discharging the entire obligation over time. Payments do not correspond to any particular visit or visits, nor do they correspond to the total duration of active treatment. Treatment may extend beyond the time that your account is paid out, or may conclude before the account is fully paid out. Even in those cases, treatment has almost always not truly concluded because of our continuing obligation to provide appropriate supervision during the retention stage of therapy. With all of this in mind, the fee for the current treatment plan that we have discussed with you will be \$ _____. That amount, as we agreed, is payable with an initial sum of \$ _____ on the day treatment begins, with equal monthly remittances of \$ _____ each to follow until the entire fee is paid. The first set of post-treatment retainers, if required, will be provided as part of this fee, and no additional charges will be imposed unless problems with your cooperation drastically lengthen the normal duration of treatment, or unless it is necessary to replace any lost or broken appliances, such as the retainers, etc.

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Many of you will have some third-party insurance that will pay for a portion of this treatment. Normally, the language in your terms of coverage will indicate that the insurance will pay 50% of the total fee up to a certain capped amount for the lifetime of the individual patient. We will cheerfully file all required claim forms on your behalf. Please note, however, that the insurance will not pay their obligated portion in one bulk amount, but will trickle payments over the course of treatment. For this reason, we make arrangements with you for the entire amount and have your insurance reimburse you directly. It is your responsibility to inform us if your insurance changes so there is no lapse in filing. For orthodontic treatment, most companies prefer such filings on a two month basis.

Please be so kind as to initial each page of this form where indicated, and sign one copy and provide it to us before we get started with treatment. Keep the other copy for your records so that you can refer to it as needed. We care deeply about the quality of treatment that we provide here, and your having carefully read, and then signed this document will serve as a reflection of your consent for us to proceed with the treatment program that we have explained to you individually. If you need more time to read this, or wish to have any element of it explained in greater detail, please do not hesitate to ask for whatever you desire.

Date

Patient, or parent or guardian of patient

I acknowledge that Dr. Gottsegen has explained to me that the treatment he is to perform on _____ is considered Phase I, or Early Intervention Therapy, and that, in all likelihood, a second, comprehensive phase of treatment will be necessary in order to complete _____'s orthodontic correction. I understand that if a second phase of treatment is necessary, it will be associated with an additional fee to be determined at that time.

Date

Patient, or parent or guardian of patient