

ORTHODONTIC INFORMED CONSENT FORM

Patient Information	
First Name	Last Name
Parent/Guardian Full Name	Consent Date

Orthodontic treatment aims to correct malocclusion (misalignment of teeth), improve dental health, enhance facial aesthetics, and establish proper jaw function.

The proposed treatment plan, including procedures, duration, and expected outcomes, has been explained to me. I understand that deviations from the plan may occur due to unforeseen circumstances or changes in my oral health.

I am aware that orthodontic treatment involves certain risks and complications, including but not limited to:

- Discomfort or pain during treatment
- Irritation or sores caused by orthodontic appliances
- Temporary speech difficulties
- Allergic reactions to orthodontic materials
- Tooth decay or gum disease if oral hygiene is not maintained
- Lengthened treatment duration due to poor compliance or unexpected issues
- Root resorption (shortening of tooth roots) in rare cases

The estimated cost of orthodontic treatment, including fees for consultations, diagnostic tests, appliances, adjustments, and any additional procedures, has been disclosed to me. I understand that additional costs may arise if complications occur or if supplementary treatments are required.

I acknowledge that orthodontic treatment may require several months to several years to achieve desired results. I understand the importance of attending regular appointments and following the orthodontist's instructions for optimal treatment progress.

Upon completion of active orthodontic treatment, I may be required to wear retainers to maintain the alignment of my teeth. I understand the significance of the retention phase in preventing relapse and agree to comply with the prescribed retainer regimen.

By signing this form, I voluntarily consent to undergo orthodontic treatment as recommended by the orthodontist.

I understand that my personal and medical information will be handled confidentially in accordance with applicable privacy laws and clinic policies.

I acknowledge that I have read and understood the information provided in this consent form. I agree to abide by the terms and conditions outlined herein.

Signature:

Signature Date: