

PATIENT INFORMED CONSENT FORM

Your treatment will involve a technique to release challenging movements and/or to accelerate your orthodontic treatment. Although rare, there are specific risks associated. The tissue around the treatment area could become inflamed or infected which could require the use of antibiotics or antimicrobial rinses. Although unlikely, It is possible that an instrument 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 specialist. Although rare, It is also possible that it could affect the root of a tooth, a nerve, or maxillary sinus may occur. Usually these problems are not significant. However, additional dental or medical treatment may be necessary.

Local anesthetic may be used, which also has risk. Please advise the doctor if you have had any difficulties with dental anesthetics in the past.

Signature of Patient/Parent/Guardian: _____ Date: _____

Witness: _____ Date: _____