



PATIENT INFORMATION

Date _____

Name _____ Birthdate _____ Age _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

E-Mail Address _____

Person to Contact in Case of Emergency _____

Home/Cell Phone _____ Relationship _____

Responsible Party/Insurance Information

Name _____ Spouse _____ Relationship to Patient _____

Birthdate _____ Phone Number _____ SS# _____

Name of Employer _____ Work Phone _____

Insurance Company _____ ID# _____ Group# _____

Whom May We Thank for Referring You? _____

Please List any Special Interests (Sports, Hobbies, etc.) _____

MEDICAL HISTORY

Physician _____ Date of Last Visit _____

Circle any of the medical conditions below that you have had or currently have.

- | | | | | |
|------------------------------|-------------------------|--------------------|--------------------|-----------|
| High Blood Pressure | Tuberculosis | Radiation Therapy | HIV/Aids | Arthritis |
| Abnormal bleeding/Hemophilia | Speech/Hearing Problems | Kidney problems | Heart Problems | |
| Diabetes | Blood Transfusion | Tumor or Cancer | Bone Disorders | |
| Hepatitis | Liver problems | Nervous Disorders | Asthma | Epilepsy |
| Anemia | Dizziness | Prolonged Bleeding | Frequent Headaches | |

Is the patient under the care of physician _____ If so why? _____

List any drugs or medications the patient has had an reaction (allergy) _____

List any medications Patient is currently taking _____

Are there any medical conditions we have not discussed that you feel we should be aware of? _____

Dental History

General Dentist _____ Date of last visit _____

What concerns you most about your teeth? _____

- Yes No Are you presently in any dental pain?
- Yes No Have your wisdom teeth been removed?
- Yes No Have there been any injuries to face, mouth, or teeth?
- Yes No Is any part of your mouth sensitive to pressure? Where? _____
- Yes No Do you have any type of thumb or tongue habit?
- Yes No Have you ever seen an orthodontist? If yes, who and when? _____
- Yes No Do your teeth or jaws ever feel uncomfortable when you awake ?
- Yes No Are you aware of your jaw clicking or popping?
- Yes No Have you ever been told that you grind your teeth?



How did you hear about us?

Referring new patients to our office is the highest compliment we can receive. Please take a moment to let us know all the ways you heard about our office. Please circle each source that applies to you. Thank you!

Patients Name _____

Dentist

Sponsorship

Family Member/ Sibling

Internet

Friends

Insurance

Building Sign

Direct Mail

Radio

Movie Theater

Please list all of your friends that referred you here so we may thank them properly.



Potential Risks and Limitations of Orthodontic Treatment (Informed Consent)

As a rule, excellent orthodontic results can be achieved with informed and cooperative patients. Thus, the following information is routinely supplied to anyone considering orthodontic treatment in our office. While recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that orthodontic treatment, like any treatment of the body, has some inherent risks and limitations. These are seldom enough to contraindicate treatment but should be considered in making the decision to wear orthodontic appliance. Please feel free to ask any questions about this at the pretreatment consultation.

Decalcification (permanent markings), decay, or gum disease can occur if patients do not brush their teeth properly and thoroughly during the treatment period. We also recommend the use of a fluoride rinse nightly to aid in the prevention of caries. Excellent oral hygiene and plaque removal is a must. Sugars and between meal snacks should be eliminated.

Teeth have a tendency to rebound to their original position after orthodontic treatment. This is called *relapse*. Very severe problems have a higher tendency to relapse and the most common area for relapse is the lower front teeth. After band removal, a positioner or retainers are placed to minimize relapse. Full cooperation in wearing these appliances is vital. We will make our correction to the highest standards and in many cases over correct in order to accommodate the rebound tendencies. When retention is discontinued some relapse is still possible. *A non-vital or dead tooth is a possibility*. A tooth that has been traumatized from a deep filling or even a minor blow can die over a long period of time with or without orthodontic treatment. An undetected non-vital tooth may flare up during orthodontic treatment, requiring endodontic (root canal) treatment to maintain it.

If you have any crowns or veneers there is a possibility that there will be a loss of shine on the surface of the restorative area that is hardly noticeable within a mouth full of saliva, and does not affect the strength of the crown or veneer. Occasionally, if you have a tooth that has a large restoration in it, the weakened enamel might be predisposed to fracture. In some cases, the root ends of the teeth are shortened during treatment. This is called root resorption. Under healthy circumstances the shortened roots are no disadvantage. However, in the event of gum disease in later life the root resorption could reduce the longevity of affected teeth. It should be noted that not all root resorption arises from orthodontic treatment. Trauma, cuts, impaction, endocrine disorders, or idiopathic reasons can also cause root resorption.

There is also a risk that problems may occur in the *temporomandibular joints* (TMJ). Although this is rare, it is a possibility. Tooth alignment or bite correction can improve tooth-related causes of TMJ pain but not in all cases. Tension appears to play a role in the frequency and severity of joint pains.

Occasionally, a person who has grown normally and in average proportions may not continue to do so. If growth becomes disproportionate, the jaw relation can be affected and original treatment objectives may have to be compromised. Skeletal growth disharmony is a biological process beyond the orthodontist's control.

The total time for treatment can be delayed beyond our estimate. Lack of facial growth, poor elastic wear or headgear cooperation, broken appliance and missed appointments are all important factors which could lengthen treatment time and affect the quality of the result. Headgear instructions must be followed carefully. A headgear that is pulled outward while the elastic force is attached can snap back and poke into the face or eyes. Be sure to release the elastic force before removing the headgear from the teeth.

General medical problems can effect orthodontic treatment. You should keep your orthodontist informed of any changes in your medical health. Certain medications can speed up or slow down tooth movement and some medications can have an effect on facial growth. Also, if a person has a condition develop such as epilepsy, we should be made aware in case of any emergencies.

I have read and understand the above and consent to treatment

Sign: _____ Date: _____