Orthodontic Treatment Consent

Informed consent. The orthodontist fills the treatment details and explains them; the patient or their representative signs.

Clinic and clinician

HOSPITAL OR CLINIC

ORTHODONTIST NAME

REGISTRATION NO. (MEDICAL COUNCIL)

PATIENT ID / UHID

Patient

PATIENT FULL NAME

EMAIL

DATE OF BIRTH

GENDER

PHONE

Proposed treatment

APPLIANCE

EST. DURATION (MONTHS)

TOTAL FEE (₹)

Orthodontic treatment moves teeth gradually. Results depend heavily on attending appointments, wearing elastics or aligners as told, and keeping teeth clean. Retainers are needed afterwards to stop teeth moving back.

Risks

Every treatment carries some risk. The common and the serious ones for this treatment include:

- Tooth decay or white marks if cleaning is poor
- Gum inflammation and discomfort after adjustments
- Shortening of tooth roots
- Teeth moving back if retainers are not worn
- Treatment taking longer than estimated

RISKS SPECIFIC TO THIS PATIENT

Alternatives

- No treatment
- Restorative options such as veneers or crowns
- Jaw surgery combined with braces for severe cases

☐ I understand the fee does not cover lost or broken appliances, replacement retainers or extra treatment time caused by missed appointments.

Consent

EXPLAINED TO ME IN

SIGNED BY

REPRESENTATIVE NAME (IF NOT PATIENT)

RELATIONSHIP

- The orthodontist has explained the treatment, its purpose, risks and alternatives in a language I understand, and answered my questions.
- I understand no result can be guaranteed.
- This consent covers only the treatment described. If an unexpected problem arises during it that puts life or health at immediate risk, the team may do what is needed to deal with it and will explain afterwards.
- I may withdraw this consent at any time before the treatment starts.

☐ I give my consent to the treatment described above.

Patient

SIGNATURE

PRINTED NAME

DATE

Orthodontist

SIGNATURE

PRINTED NAME

DATE