KIDS & ADULTS

Tollison ORTHODONTICS

Patient Information

Thank you for your cooperation in filling this sheet out completely.

Patient Information

Date _____ Sex □ M □ F

Patient Name _____ Preferred Name _____
Last First M Initial

Address _____
Street City State Zip Code

Age _____ Birthdate _____

Phone _____ Email _____

Responsible Party Information

Name _____ Marital Status _____
Last First M Initial

Residence _____ □ **Own** □ **Rent**
Street City State Zip Code

How long at this address _____

Contact Information Home Phone _____ Work Phone _____
Cell Phone _____ Email _____

Social Security # _____ Birthdate _____ Relationship to Patient _____

Employer _____ No. Years Employed _____

Spouse's Name _____ Relationship to Patient _____

Social Security # _____ Birthdate _____ Cell Phone _____

Employer _____ No. Years Employed _____

Orthodontic Insurance Information

Insured's Name _____ Insured's Date of Birth _____

ID # or Insured's SS# _____ Group # _____

Insurance Company & State _____

Employer _____

Additional Patient Information

Name of current family dentist _____

Whom may we thank for referring you to our office? _____

In Case of Emergency

Name _____ Phone _____

Address _____
Street City State Zip Code

SIGNATURE (Parent's signature if patient is a minor) _____

Medical History

General information

Primary Dentist _____ □ No Primary Dentist

Last Dental Appointment □ Less than 6 months □ Longer than 12 months

Current Physical Health □ Good □ Fair □ Poor

Is the patient on birth control? □ Yes □ No Is the patient pregnant? □ Yes □ No □ Unsure

Current Medications _____

Is the patient currently under the care of a physician for any medical problems? □ Yes □ No

Allergies (Click all that apply) □ Aspirin □ Codeine □ Dental Anesthetics □ Erythromycin □ Latex □ Metal/Jewelry □ Penicillin □ Plastic □ None of the above

Please list any other allergies that the patient has _____

Medication □ Boniva □ Actonel □ Fosamax □ None of the above

Please list any other medication that the patient has _____

Does the patient have any of the following medical conditions? (click all that apply)

□ Abnormal Bleeding	□ Anemia	□ Artificial Bones/Joints	□ Asthma
□ Cancer	□ Chicken Pox	□ Chronic Sinus Problems	□ Congenital Heart Defect
□ Convulsions/Epilepsy	□ Diabetes	□ Endocrine/Growth Disorders	□ Handicaps/Disabilities
□ Heart Impairment	□ Heart Murmur	□ Hemophilia/Blood Disorders	□ Hepatitis
□ HIV/AIDS	□ Hives	□ Hospital Stays	□ Kidney Problems
□ Liver Problems	□ Lupus	□ Measles	□ Mitral Valve Prolapse
□ Mononucleosis	□ Operations/Surgeries	□ Rheumatic/Scarlet Fever	□ Skin Rash
□ Trouble Sleeping	□ Tuberculosis	□ None of the above	

Please describe any serious medical problems the patient has experienced _____

Is there anything you would like to discuss with the doctor in private? □ Yes □ No

Dental History

Dental Hygiene (Click all that apply)

□ Brushes at Least Twice Per Day □ Flosses Daily □ Patient Taking Fluoride □ Patient's Gums Bleed

□ Patient's Water is Fluoridated □ None of the above

Please make any other comments that may be helpful _____

Did/Does the patient have any of the following habits? (Click all that apply)

□ Clenching/Grinding Teeth	□ Lip Sucking/Biting	□ Mouth Breathing	□ Nail Biting
□ Speech Problems/Therapy	□ Thumb/Finger Sucking	□ Tobacco Use	□ Tongue Thrust
□ Used Pacifier	□ None of the above		

Please make any other comments that may be helpful _____

Please indicate if the patient has: (Click all that apply)

□ Been evaluated for Orthodontic treatment before □ Ever received an injury to face, mouth, teeth

□ Had their adenoids/tonsils removed □ Been informed about any missing or extra teeth

□ Had any pain, tenderness, and/or clicking in the TMJ □ Been told to take antibiotic prior to dental visits

□ Had problems with previous dental work

What aspect of dental treatment are you most concerned about?

□ Quality □ Cost □ Discomfort □ Treatment Time

Confirm

□ I confirm the accuracy of the patient information provided and understand its confidentiality. I will promptly update the office regarding any changes to the patient's medical status. I authorize the orthodontic staff to perform necessary services.

Signature _____ **Date** _____

Tollison Orthodontics
20-A Creekview Ct.
Greenville, SC 29615

INFORMED CONSENT

for the Orthodontic Patient

Risks and Limitations of Orthodontic Treatment

Successful orthodontic treatment is a partnership between the orthodontist and the patient. The doctor and staff are dedicated to achieving the best possible result for each patient. As a general rule, informed and cooperative patients can achieve positive orthodontic results. While recognizing the benefits of a beautiful healthy smile, you should also be aware that, as with all healing arts, orthodontic treatment has limitations and potential risks. These are seldom serious enough to indicate that you should not have treatment; however, all patients should seriously consider the option of no orthodontic treatment at all by accepting their present oral condition. Alternatives to orthodontic treatment vary with the individual's specific problem, and prosthetic solutions or limited orthodontic treatment may be considerations. You are encouraged to discuss alternatives with the doctor prior to beginning treatment.

Orthodontics and Dentofacial Orthopedics is the dental specialty that includes the diagnosis, prevention, interception and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature orofacial structures.

An orthodontist is a dental specialist who has completed at least two additional years of graduate training in orthodontics at an accredited program after graduation from dental school.

Results of Treatment

Orthodontic treatment usually proceeds as planned, and we intend to do everything possible to achieve the best results for every patient. However, we cannot guarantee that you will be completely satisfied with your results, nor can all complications or consequences be anticipated. The success of treatment depends on your cooperation in keeping appointments, maintaining good oral hygiene, avoiding loose or broken appliances, and following the orthodontist's instructions carefully.

Length of Treatment

The length of treatment depends on a number of issues, including the severity of the problem, the patient's growth, and the level of patient cooperation. The actual treatment time is usually close to the estimated treatment time, but treatment may be lengthened if, for example, unanticipated growth occurs, if there are habits affecting the dentofacial structures, if periodontal or other dental problems occur, or if patient cooperation is not adequate. Therefore, changes in the original treatment plan may become necessary. If treatment time is extended beyond the original estimate, additional fees may be assessed.

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Discomfort
The mouth is very sensitive, so you can expect an adjustment period and some discomfort due to the introduction of orthodontic appliances. Non-prescription pain medication can be used during this adjustment period.

Relapse
Completed orthodontic treatment does not guarantee perfectly straight teeth for the rest of your life. Retainers will be required to keep your teeth in their new positions as a result of your orthodontic treatment. You must wear your retainers as instructed or teeth may shift, in addition to other adverse effects. Regular retainer wear is often necessary for several years following orthodontic treatment. However, changes after that time can occur due to natural causes, including habits such as tongue thrusting, mouth breathing, and growth and maturation that continue throughout life. Late in life, most people will see their teeth shift. Minor irregularities, particularly in the lower front teeth, may have to be accepted. Some changes may require additional orthodontic treatment or, in some cases, surgery. Some situations may require non-removable retainers or other dental appliances made by your family dentist.

Extractions
Some cases will require the removal of deciduous (baby) teeth or permanent teeth. There are additional risks associated with removal of teeth which you should discuss with your family dentist or oral surgeon prior to the procedure.

Orthognathic Surgery
Some patients have significant skeletal disharmonies which require orthodontic treatment in conjunction with orthognathic (dentofacial) surgery. There are additional risks associated with this surgery which you should discuss with your oral and/or maxillofacial surgeon prior to beginning orthodontic treatment. Please be aware that orthodontic treatment prior to orthognathic surgery often only aligns the teeth within the individual dental arches. Therefore, patients discontinuing orthodontic treatment without completing the planned surgical procedures may have a malocclusion that is worse than when they began treatment.

Decalcification and Dental Caries
Excellent oral hygiene is essential during orthodontic treatment, as are regular visits to your family dentist. Inadequate or improper hygiene could result in cavities, discolored teeth, periodontal disease, and/or decalcification. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances. These problems may be aggravated if the patient has not had the benefit of fluoridated water (or its substitute) and/or the patient consumes sweetened beverages or foods.

Gum Recession
Some tooth roots have prominences and/or are surrounded by thin gum and bone tissues. Care is used by orthodontists to place tooth roots in a good position to support the tooth. However, sometimes before, during, or after tooth movement, the gum tissue may recede due to tooth position and thin areas of the gums and bone. Exposure of the root surface can be associated with tooth sensitivity. If this occurs, a "gum graft" may be recommended to partially or completely cover the root surface.

Root Resorption
The roots of some patients' teeth become shorter (resorption) during orthodontic treatment. It is not known exactly what causes root resorption, nor is it possible to predict which patients will experience it. However, many patients have retained teeth throughout life with severely shortened roots. If resorption is detected during orthodontic treatment, your orthodontist may recommend a pause in treatment or the removal of the appliances prior to the completion of orthodontic treatment.

Nerve Damage
A tooth that has been traumatized by an accident or deep decay may have experienced damage to the nerve or the tooth. Also, the nerve of a tooth may die for no apparent reason, and this is known as "spontaneous pulpal necrosis." Orthodontic tooth movement may, in some cases, aggravate these conditions and cause root canal treatment to be necessary. In severe cases, the tooth or teeth may be lost.

Periodontal Disease
Periodontal (gum and bone) disease can develop or worsen during orthodontic treatment due to many factors, but most often due to the lack of adequate oral hygiene. You must have your general dentist, or a periodontist if indicated, monitor your periodontal health during orthodontic treatment every three to six months. If periodontal problems cannot be controlled, orthodontic treatment may have to be discontinued prior to completion.

Injury From Orthodontic Appliances
Activities or foods which could damage, loosen, or dislodge orthodontic appliances need to be avoided. Loosened or damaged orthodontic appliances can be inhaled or swallowed or could cause other damage to the patient. You should inform your orthodontist of any unusual symptoms or of any loose or broken appliances as soon as they are noticed. Damage to the enamel of a tooth or to a restoration (crown, bonding, veneer, etc.) is possible when orthodontic appliances are removed. This problem may be more likely when esthetic (clear or tooth colored) appliances have been selected. If damage to a tooth or restoration occurs, restoration of the tooth/teeth by your dentist may be necessary.

Headgear
Orthodontic headgear can cause injury to the patient. Injuries can include damage to the face or eyes. In the event of injury, especially an eye injury, however minor, immediate medical help should be sought. Refrain from wearing headgear in situations where there may be a chance that it could be dislodged or pulled off. Sports activities and games should be avoided when wearing orthodontic headgear.

Temporomandibular (Jaw) Joint Dysfunction
Problems may occur in the jaw joints (i.e., temporomandibular joints (TMJ)), causing pain, headaches, or ear problems. Many factors can affect the health of the jaw joints, including past trauma (blows to the head or face), arthritis, hereditary tendency to jaw joint problems, excessive tooth grinding or clenching, poorly balanced bite, and many medical conditions. Jaw joint problems may occur with or without orthodontic treatment. Any jaw joint symptoms, including pain, jaw popping, or difficulty opening or closing, should be promptly reported to the orthodontist. Treatment by other medical or dental specialists may be necessary.

Impacted, Ankylosed, and Unerupted Teeth
Teeth may become impacted (trapped below the bone or gums), ankylosed (fused to the bone), or just fail to erupt. Oftentimes, these conditions occur for no apparent reason and generally cannot be anticipated. Treatment of these conditions depends on the particular circumstance and the overall importance of the involved tooth, and may require extraction, surgical exposure, surgical transplantation, or prosthetic replacement.

Occlusal Adjustment
You can expect minimal imperfections in the way your teeth meet at the end of treatment, and so an occlusal equilibration procedure adjusting the height of your teeth may be necessary to fine-tune your bite. Before and during treatment, it may also be necessary to reshape the area between select teeth with a procedure called Interproximal Reduction (IPR). This recontouring (slenderizing) procedure removes a small amount of enamel between certain teeth improving their shape and size. This is done to create space for improved tooth placement to fit the shape and size of your jaws and/or to improve stability. In some cases, this treatment may occasionally lead to a sensitive tooth or teeth.

Non-Ideal Results
Due to the wide variation in the size and shape of the teeth, missing teeth, etc., achievement of an ideal result (for example, complete closure of a space) may not be possible. Restorative dental treatment such as esthetic bonding, crowns or bridges, or periodontal therapy, may be indicated.

Third Molars
As third molars (wisdom teeth) develop, your teeth may change alignment. Your dentist and/or orthodontist should monitor them in order to determine when and if third molars need to be removed.

Allergies
Occasionally, patients can be allergic to some of the component material of their orthodontic appliances. This may require a change in treatment plan or discontinuance of treatment prior to completion. Although very uncommon, medical management of dental material allergies may be necessary.

Transmission of Disease
Although our orthodontic office is following the State and Federal

regulations and recommended universal personal protection and disinfection protocols to prevent transmission of communicable disease, it is possible that they will not always be successful in blocking the transmission of a highly infectious virus. It is not possible to render orthodontic treatment with social distancing between the patient, orthodontist, assisting staff and sometimes, other patients. Knowing that you could be exposed to communicable diseases anywhere, by presenting yourself or your child for orthodontic treatment, you assume and accept the risk that you may inadvertently be exposed to a communicable disease in the orthodontic office.

General Health Problems
General health problems such as bone, blood, or endocrine disorders, and many prescription and non-prescription drugs (including bisphosphonates), can affect your orthodontic treatment. It is imperative that you inform your orthodontist of any changes in your general health status.

Use of Tobacco Products
Smoking or chewing tobacco has been shown to increase the risk of gum disease and interfere with healing after oral surgery. Tobacco users are more prone to oral cancer, gum recession, and delayed tooth movement during orthodontic treatment. If you use tobacco, you must carefully consider the possibility of a compromised orthodontic result.

Temporary Anchorage Devices
Your treatment may include the use of a temporary anchorage device(s) (i.e., metal screw or plate attached to the bone). There are specific risks associated with them.

It is possible that the screw(s) could become loose which would require its/ their removal and possibly relocation or replacement with a larger screw. The screw and related material may be accidentally swallowed. If the device cannot be stabilized for an adequate length of time, an alternate treatment plan may be necessary.

It is possible that the tissue around the device could become inflamed or infected, or the soft tissue could grow over the device, which could also require its removal, surgical excision of the tissue, and/or the use of antibiotic or antimicrobial rinses.

It is possible that the screws 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 dental specialist.

When inserting the device(s), it is possible to damage the root of a tooth or a nerve, or to perforate the maxillary sinus. Usually these problems are not significant; however, additional dental or medical treatment may be necessary.

Local anesthetic may be used when these devices are inserted or removed, which also has risks. Please advise the doctor placing the device if you have had any difficulties with dental anesthetics in the past.

If any of the complications mentioned do occur, a referral to your family dentist or another dental or medical specialist for further treatment may be necessary. Fees for these services are not included in the cost for orthodontic treatment.

Diagnostic Records
By consenting to orthodontic treatment, you consent to the making of necessary orthodontic records, including x-rays, before, during, and following the provision of care.

Orthodontic Staff
Where appropriate, office staff may be directed to perform portions of orthodontic treatment as prescribed and directed by the treating orthodontist(s).

Release of Patient Information
By consenting to orthodontic treatment, you consent to the practice sharing information regarding your orthodontic care for any "permitted use and disclosure" (ex. for treatment activities of a health care provider) as defined in the HIPAA Privacy Rule. For other uses, our practice will obtain an Authorization prior to making a disclosure. See 45 CFR § 164.506 and/or our practice's Privacy Policy and Procedures for additional information.

Transferring Patient
Orthodontic treatments vary widely. Transfer will likely increase treatment fees, may involve changes in payment policies, and may change your treatment and/or appliances. When you transfer to a new orthodontist, your treatment time is often extended by the process of the transfer.

Notes

Patient or Parent/ Guardian Initials _____ Date _____ Orthodontist Initials _____

Acknowledgment and Consent to Undergo Orthodontic Treatment

I hereby acknowledge that I have read and fully understand the treatment considerations and risks presented in this form. I also understand that there may be other problems that occur less frequently than those presented, and that actual results may differ from the anticipated results. I also acknowledge that I have discussed this form with the undersigned orthodontist(s) and have been given the opportunity to ask any questions. I have been asked to make a choice about my treatment. I hereby consent to the treatment proposed and authorize the orthodontist(s) indicated below to provide the treatment. I also acknowledge my orthodontist(s) may use my health care information for permitted uses. I understand that my treatment fee covers only treatment provided by the orthodontist(s), and that treatment provided by other dental or medical professionals is not included in the fee for my orthodontic treatment.

Signature of Patient/ Parent/ Guardian	Name of Patient/Parent/Guardian (Print)	Date
Signature of Orthodontist	Name of Orthodontist (Print)	Date
Signature of Witness	Name of Witness (Print)	Date

If signed by an individual other than the patient, please complete the following:
I have the legal authority to sign on behalf of

Name of Patient (Print) Name of Parent/ Guardian (Print)

Relationship to Patient (Print)



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