UNCOVERING TEETH FOR ORTHODONTIC CARE

This surgical procedure involves cutting into and around the gum and/or bone to gain access to certain teeth buried beneath the gum.

Patient’s Initials

The details of the procedure, including the anticipated benefits and material risks, have been explained to me in terms I understand.

Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.

I understand and accept that the most likely material risks and complications of uncovering teeth for orthodontic care have been discussed with me and may include but are not limited to:

- Swelling, soreness, bruising, stiffness of jaw muscles and jaw joints (TMJ), unexpected drug reactions or allergies, fracture of the jaw or portions of bone supporting teeth, and difficulty eating for a number of days.
- Because of the exposure required to gain access to certain teeth buried beneath the gum, areas around the uncovering may feel numb for days, weeks, or months after surgery. In rare cases, this feeling may be permanent.
- Possible alteration or loss of taste may occur that could possibly be permanent.
- Certain teeth to be uncovered are often very close to roots of adjacent teeth. There is a slight chance that those roots may be injured, requiring later root canal treatment or, in rare instances, may result in the loss of those teeth.
- Although usually only one incision is needed to expose the buried tooth, sometimes the approach is complicated enough to require two or more incisions.
- When uncovering upper back teeth, there is a chance that the sinus may be entered, requiring antibiotic therapy, or possibly resulting in an opening between mouth and sinus that may require further care. Rarely, the same complication may affect the nasal cavity.
- Often an orthodontic bracket and/or a wire or fine chain is attached to the uncovered tooth, then to orthodontic appliances to gain the force to try to move the tooth. This may cause irritation to the tongue and interfere somewhat with eating. You will usually adjust to this problem fairly quickly. Occasionally, the bracket will become detached and must be reattached.
- Although it cannot be easily determined beforehand, sometimes the planned orthodontic movement of the uncovered tooth cannot be accomplished. If that is the case, the tooth may be left in place or, if conditions require, be removed.

I understand and accept that complications, including the remote risk of death or serious disability, exist with any surgical procedure.

I understand and accept the risks of blood transfusion(s) that may be necessary (if applicable).

I understand that tissue cannot heal without scarring and that how one scars is dependent on individual genetic characteristics. The surgeon will do his/her best to minimize scarring but cannot control its ultimate appearance (if applicable).

I am aware that smoking during the pre- and postoperative periods could increase chances of complications (if applicable).

I have informed the surgeon of all my known allergies.

I have informed the surgeon of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.

I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.

I am aware and accept that no guarantees about the results of the procedure have been made.

I have been advised of the probable consequences of declining recommended or alternative therapies.

I have been informed of what to expect postoperatively, including, but not limited to, estimated recovery time, anticipated activity level, and the possibility of additional procedures.

I understand that any tissue/specimen removed during the surgery may be sent to pathology for evaluation (if applicable).
_______ Pre- and postoperative photos and/or videos may be taken of the treatment for record purposes. I understand that these photos and/or videos will be the property of the attending surgeon (if applicable).
_______ The surgeon has answered all of my questions regarding this procedure.

**Information for Female Patients:**

_______ I have informed my surgeon about my possible use of birth control pills. I have been advised that certain antibiotics and other medications may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy. I agree to consult with my personal physician to initiate mechanical forms of birth control during the period of my treatment and to continue those methods until advised by my personal physician that I can return to the use of oral birth control pills.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

I authorize and direct ______________________, DDS/DMD/MD, with associates or assistants of his or her choice, to perform the procedure of __________________ on __________________ at __________________ on __________________ (procedure name) (patient name) (facility name) (right, left, level, body part).

I further authorize the surgeon(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

______________  ___________________  ___________________
Patient or Legal Representative Signature/Date/Time Relationship to Patient

______________  ___________________
Print Patient or Legal Representative Name Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure/treatment and the risks and consequences of not proceeding, to the patient or the patient’s legal representative. I have answered all questions fully, and I believe that the patient/legal representative (circle one) fully understands what I have explained.

______________  ___________________
Surgeon Signature/Date/Time

____________________  initial
_______ copy given to patient  ____________ original placed in chart

initial