

Hayes Dental Surgery

61 New Road Willenhall WV13 2DA

NHS PATIENT CONSENT

ORTHODONTIC TREATMENT

Your child is about to undergo a course of orthodontic treatment on the NHS. We advise that you read the following information provided and discuss this treatment with your child. It will form the basis of your informed consent to proceed with the treatment that is required. With this consent there are certain general guidelines that we would like to bring to your attention and which we expect you to adhere to. Your child has been accepted for NHS orthodontic treatment, however we reserve the right to terminate the treatment if your child does not follow the guidelines which we have given. Therefore we can then offer another child on our waiting list treatment instead.

APPOINTMENTS

Appointment times for orthodontic patients are Saturdays 9.30am- 2.00pm and additional morning sessions in the week may be offered 9.30 – 1.00pm , It is not always possible to offer the Saturday appointments, therefore you will need to take your child out of school, to maintain your treatment at a constant level

We request at least 24 hours notice for any cancellation of appointment.

We do try to keep to appointments times. However occasionally we will unavoidably run late due to patients present with ortho problems such as breakages to ortho appliances. We will inform you on the current situation at reception and offer you an alternative appointment if you can no wait. If there is any problems with the waiting times then please inform reception.

Appointment intervals vary between 4-8 weeks. Braces which are left unsupervised for a long period of time can cause severe problems, possible staining to the teeth and tooth decay. The braces apply force to each tooth, and when a trained professional is unable to oversee the movement of the teeth this may result in further problems that we are not responsible for. Therefore if your child consistently missess appointments then the orthodontist has no choice but to discontinue the treatment before permanent damage can occur.

EMERGENCY APPOINTMENTS

We will do our best to offer you emergency appointments when the orthodontist is here if not there will be another dentist available to see your child if necessary.

ORAL HYGIENE

If your child's toothbrushing is not sufficiently good they will not be offered any orthodontic treatment or orthodontic treatment will be abandoned. Due to your child not maintaining this can cause a risk to the teeth while braces are in the mouth. These risks can vary in severity from white marks on teeth to obvious cavities around the brace work.

The orthodontist and nurse will do their best to encourage your child and inform you about the care and cleaning of the brace work and teeth. We may make various recommendations about diet and cleaning products. It is your responsibility to ensure these recommendations are complied with.

If oral hygiene or damaging to any orthodontic appliance that is fitted while in treatment we will give your child a warning about their lack of cleaning. After three warnings, and the situation persists the appliance will be removed.

We do not examine your child's teeth for cavities, although if there is an obvious problem we will inform you. Your child must still see their own dentist for regular check-ups throughout the period of their orthodontic treatment.

For reference we recommend the following products in conjunction with regular cleaning with a fluoride toothpaste; interdental brushes, disclosing tablets, a fluoride mouthwash, patient relief wax. We supply these in an ortho pack which you can purchase at reception for a fee.

LOST OR DAMAGED APPLIANCES

If any damage occurs to your child's brace it is your responsibility to inform us as soon as possible. We will then make a decision about whether the situation is urgent or not. If the brace work is consistently or purposely damaged it may become necessary to discontinue treatment.

If your child loses their brace we can make them a new one and continue their treatment but a NHS charge will occur for you for their new appliance and this must be paid before the appliance is fitted. You will be notified of the NHS charge.

COLOURS

Coloured elastics is not available on the NHS. The standard colour of elastics are silver. If you wish to have coloured elastics an additional charge will be added to the treatment either ask at reception or the orthodontist, just let us know if you wish to have them.

If your child is required to wear elastics near the end of the treatment (similar to elastic bands) to help move your child's teeth as required, the elastics need to be worn full time and changed once a day. The orthodontist will show you and your child how to place the elastics on. We will supply you with enough elastics to do this. Please ensure your child wears them as instructed as it's your responsibility. If the elastics are not worn the teeth will not move and treatment may need to be discontinued before it is complete.

RETAINERS

After your child's orthodontic treatment is finished and the fixed brace or removable appliance has been removed, your child will need to wear a removable retainer which will hold the teeth in position while they stabilise. The retainers are usually to be worn for 3 months full time and then 3-9 months at night only. Your orthodontist will discuss this with you if you need a longer retention.

RISK OF ORTHODONTIC TREATMENT

Orthodontic treatment is very successful and can make a huge difference to a person's smile and to their confidence. Like all medical procedures there can be some risks, like surface damage to teeth if cleaning is not good enough during treatment. Teeth that have been previously been traumatised due to accidents (like sporting childhood accidents) can be more prone to complication in very rare cases moving a tooth orthodontically can cause a resorption of the root, so the root of the tooth can become shorter, this may never happen but the orthodontist may advise you to have x-rays if necessary please let the orthodontist know this if there are any concerns.

CONSENT

* I hereby consent to the named patient undergoing orthodontic treatment at HAYERS DENTAL SURGERY

* I fully understand the treatment that has been explained and agree to do my utmost to keep all appointments made and failure to do so may result in treatment being discontinued.

* I agree to take all reasonable steps to maintain the named patients mouth and teeth in a clean and healthy condition and to arrange routine check-ups with patients dentist.

* I understand that damaged, lost or neglected appliances will be charged for.

* I accept the appropriate times for my child are between 9.30am and 2.00pm only, midweek and weekends

* I am aware that colours and clear brackets for fixed braces are not available on the NHS.

* I accept that when the orthodontic treatment has finished the patient will wear a retainer.

* Retainers need to be worn for 12 months or over and it must be understood that failure to comply with this phase of the treatment will result in relapse of the position of the teeth. Which hayers are not responsible for.

CONSENT

Name of patient.....

Address.....

Signature (parent/guardian).....

Print name.....

Date.....

I have signed and returned the duplicate consent slip attached to this page, which will be kept by the orthodontist/hayers surgery. I have kept the main document for my reference.

.....
.....

CONSENT

Name of patient.....

Address.....

Signature (parent/guardian).....

Print name.....

Date.....