



CARL DANN IV, DDS, MS
Orthodontics for Children and Adults

CARL DANN, IV, D.D.S., MS, PA
Orthodontics and Dentofacial Orthopedics

OrthoTAD CONSENT AGREEMENT

Orthodontic treatment is an elective procedure. This, like any other treatment of the body, has some inherent risks and limitations. These seldom prevent treatment, but should be considered when making the decision to undergo treatment.

In orthodontic tooth movement, resistance to undesirable tooth movement is termed anchorage. Anchorage can be increased by incorporating more teeth into one segment (termed the anchorage segment), which decreases both the amount and speed with which these teeth move. Anchorage can also be increased by adding extraoral forces such as headgears, or intraoral forces such as elastics. Unfortunately, despite our efforts to build up anchorage and thereby preventing certain teeth from undesirable movement, anchorage loss is unavoidable.

An alternative solution is to utilize an orthodontic temporary anchorage device (OrthoTAD) temporarily, but rigidly placed in the upper or lower jaw bone for use as an anchor in the mouth that can be used immediately after placement. This utilizes a minimally invasive surgical approach for implant placement which diminishes the trauma and post-operative discomfort associated with traditional dental implants.

I, (Patient) _____ / (Parent) _____

have been informed and understand that OrthoTADs are available to certain orthodontic patients. These mini implants are small diameter (1.1-3.3mm) titanium alloy screw-type dental implants or thin (0.5-1.0mm) titanium plates that are placed in a patients jaw to provide temporary anchorage of teeth. I am aware that these implants are being placed for the immediate but temporary anchorage of my teeth, and the long-term function cannot be predicted. I wish to undergo this procedure as a patient of Carl Dann, IV, DDS, MS, PA. I have requested that Carl Dann, IV, DDS, MS, PA place one or more OrthoTADS into my jaw.

I have also been fully informed by Carl Dann, IV, DDS, MS, PA that the purpose of this OrthoTAD procedure is to provide anchorage support for my upper and/or lower teeth and/or upper and/or lower jaw, and I hereby consent to the surgical insertion of OrthoTADs in my jaw by Carl Dann, IV, DDS, MS, PA. I understand that in the event the OrthoTADs implanted by Carl Dann, IV, DDS, MS, PA fail, they will be removed through a subsequent surgical procedure. I further understand that it is possible that one or more of the implants may fracture during insertion, or during the implants life cycle, and in the event a fracture were to occur, I give Carl Dann, IV, DDS, MS, PA permission and consent to leave the fractured implant in my jaw or remove it, under professional conditions and using professional judgment. It has also been explained to me that once the OrthoTADs are inserted or implanted, a recommended orthodontic treatment plan, including a program of personal oral hygiene, must be strictly followed by me and completed on schedule. I have been informed that if this schedule and plan are not carried out, the implants may fail.

I am further aware that the surgical procedure includes the insertion of the OrthoTADs in my jaw, and possible the construction of an orthodontic appliance attached thereon. I am aware that I must return for appropriate post-operative care and evaluation on a timely basis, which will include evaluation of oral hygiene and plaque removal. I also understand that anchorage control is the primary goal of this orthodontic procedure, but that success rates vary for each patient. With that in mind, no guarantees of success have been given me by Carl Dann, IV, DDS, MS, PA or any member of his staff. He has also informed me that use of tobacco, including cigarette smoking, as well as excessive alcohol consumption, or altered sugar metabolism can effect bone/gum healing and may cause failure of the OrthoTADs.

I have further been advised that swelling, infection, bleeding, and/or pain may be associated with any surgical procedure, including the one recommended to me by Carl Dann, IV, DDS, MS, PA, and that said conditions may occur during the life of the implants. I have also been advised that temporary or permanent numbness may occur in my tongue, lips, chin, gums, or jaw as a result of this procedure, as well as the possibility of sinus involvement in the upper jaw. Carl Dann, IV, DDS, MS, PA has discussed the possibility of alternative procedures for my individual needs and has offered to answer any of my questions concerning those procedures. I agree to follow the home care instructions of Carl Dann, IV, DDS, MS, PA, and I agree to report to Carl Dann, IV, DDS, MS, PA for regular examinations as instructed.

You need one or more OrthoTADs place in your mouth. The reasons, alternatives (if any), and the dangers of the planned treatment have been explained to you. We urge you to ask questions or discuss any concerns you may still have. Although problems and complications are uncommon and unpredictable, they can happen during or after surgery in any patient. Carl Dann, IV, DDS, MS, PA will do everything possible to minimize the risks, but the following are a FEW of the more common problems that can occur in any surgical case, despite the best efforts:

INFECTION – In rare instances, an infection can put you in the hospital and even can put you at risk for your life. You can become infected even when you are taking an antibiotic.

BLEEDING – Slow oozing of blood is NORMAL for 12-24 hours after surgery. Some situations, such as taking aspirin, can result in longer periods of oozing. If your bleeding is heavy or goes on for a long time, you should call us, because you may need more treatment to stop the bleeding.

NERVE DAMAGE – Some teeth are located next to nerves that give feeling to your lips, gums, and other teeth. Despite performing the most careful surgery possible, one or more nerves can get bruised or damaged during surgery, giving an area numbness that does not go away for a long time (nerves heal very slowly). In rare circumstances, it may become permanent. Carl Dann, IV, DDS, MS, PA will do everything to minimize this risk, but the risk is still there.

SINUS OPENING – Upper back teeth are next to the floor of the sinus cavities on each side, which connect with the nose. Implant placement in these locations can result in a small opening between the sinus and the mouth. If this opening doesn't heal, another operation will be needed to close the opening.

TOOTH/ROOT DAMAGE – Sometimes teeth are jammed so tightly against adjacent teeth that implant placement in these locations can cause damage to the crowns or roots of these teeth. Although this is rare, it could require the replacement of a crown, a root canal, or extraction of the tooth with replacement by a bridge or an implant/crown.

ANESTHESIA REACTIONS – You can unexpectedly react to ANY drug, ranging from getting a rash to having a life threatening crisis. If you know of any past allergies, are taking any drugs you haven't told us about, or have any major illness you failed to write down, it's IMPORTANT you tell us now, or you may be risking your own health

OTHER PROBLEMS – There are many other minor problems not mentioned above that can occur during or after oral surgery. No one can guarantee a perfect result, but you'll receive our best effort. We feel the expected benefits of surgery outweigh the possible risks.

To my knowledge, I have given an accurate report of my physical and mental history. I have also reported any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood or blood diseases, gum or skin reactions, abnormal bleeding, or any other conditions related to my health.

I have read this surgical consent form and understand the contents. I have no additional questions. Having been fully informed of the above, I hereby freely and knowingly give my informed consent to the recommended surgical procedures outlined to me by Carl Dann, IV, DDS, MS, PA and request him to place one or more OrthoTADs in my jaw for the purpose of orthodontic/orthopedic anchorage control.

Patient (Print)

Patient Signature

Date

Parent (Print)

Parent Signature

Date

I, Carl Dann, IV, DDS, MS, PA, certify that I have explained to the above patient the ramifications of the use of OrthoTADs to the best of my professional abilities. I further certify that in my opinion, the above patient is fully informed of the risks and possible benefits of the particular surgical procedure agreed to.

Carl Dann, IV, DDS, MS, PA

Date