

**Wakad, our main clinic**

Prime City Center, A-6 & B-3, Datta Mandir Road, Shankar Kalat Nagar,
Wakad, Pune 411057

Mon to Sat: 9:30 am to 9 pm. Sun: closed

Hinjewadi

Office 102, Adora Commercial Wing, Bhumkar Chowk to Laxmi Chowk
Road, Hinjawadi, Pune 411057

Mon to Sat: 10 am to 9 pm. Sun: call to check

Consent for orthodontic treatment

Please read this form, ask us anything you are unsure about, and sign it at the clinic before your treatment.

Consent form

Issued October 2026

Also at cdicsmiles.com/orthodontic-consent/**Draft: wording to be approved by the clinic**

Patient's name

Date

Orthodontics plays an important role in improving overall oral health. It also helps create balance and harmony between the teeth and face for a healthy smile. An attractive smile can improve self-esteem, and with it the quality of life itself. Properly aligned teeth are easier to brush, which may reduce the tendency to decay, or to develop diseases of the gums and supporting bone. As a general rule, orthodontic treatment is elective, and excellent results can be achieved with informed and cooperative patients.

While recognising the benefits of healthy teeth and a pleasing smile, you should also be aware that orthodontic treatment has limitations and potential risks. These are seldom enough to avoid treatment, but should be considered when deciding to have it. Orthodontic treatment usually proceeds as planned; however, the response to treatment and the results cannot be guaranteed.

Your part in the treatment

General cooperation. Your responsibilities are: brushing, and cleaning between the teeth with floss or an interdental brush, every day; being on time for all appointments; keeping to the food restrictions; wearing removable appliances as required; and seeing your general dentist for a cleaning every three to six months, as well as your orthodontic visits. Following these instructions prevents damage to the teeth and surrounding tissues and keeps the treatment time close to the estimate.

Tell CDIC Smiles, Wakad or Hinjewadi, about broken or loose appliances as soon as you notice them, so they are corrected in time. Repeatedly failing to cooperate can lead to the treatment being stopped, or to added cost and a longer treatment than estimated.

Appointments must be kept on time. The patient, or the parent of a child, is responsible for attending.

Risks

All medical and dental treatment, including orthodontics, has some risks and limitations. In orthodontics, complications are infrequent, and when they occur they are usually minor. The main risks include, but are not limited to:

- 1. Decalcification.** Tooth decay, gum disease and white marks on the teeth can occur if you have food or drink with a lot of sugar or acid (sweets, fizzy drinks, acidic juices) or do not brush often and properly. These problems can happen without braces, but the risk is much greater with them.
- 2. Root shortening.** In some patients the roots shorten during treatment. Usually this has no significant effect, but occasionally it threatens the life of the teeth involved. Earlier injury to the teeth, nail biting or pen chewing can make it worse. Not all root shortening comes from orthodontics: injury, impaction, genetics, hormonal disorders and unknown causes can also cause it.
- 3. Gum health.** Tooth movement can affect the gums and supporting bone if there is an existing condition, and rarely even when they appear normal. Gum disease can occur if plaque is not removed every day by good brushing and regular cleaning. In general, orthodontic treatment lowers the risk of tooth loss or gum infection from badly aligned teeth or jaws.
- 4. Relapse.** Teeth always tend to move back towards their original position after treatment, especially badly rotated teeth and the lower front teeth. Retainers reduce this, and wearing them is vital to the long-term result. The bite can also change over a lifetime from causes outside the treating doctor's control, such as wisdom teeth, growth, mouth breathing, playing musical instruments and other habits. To prevent relapse, remember: retainers at night, for life.
- 5. Jaw joint problems.** Occasionally the jaw joints (TMJ) cause pain, headaches or ear problems. These can occur with or without treatment, and may get worse, better or stay the same during it. Please tell us if you have had jaw joint pain, have it now, or develop it during treatment.
- 6. Loss of tooth vitality.** A tooth injured in an accident, or with a large filling, may have a damaged nerve. Tooth movement can sometimes aggravate this and, rarely, lead to the tooth losing vitality and needing root canal treatment or, at worst, extraction. A tooth can also die slowly from earlier injury or other causes, with or without treatment, and may discolour or flare up during it. Good cleaning and regular visits to your dentist help control this.
- 7. Pain after adjustments.** After each adjustment, expect tenderness, usually for 24 to 48 hours; it varies between patients and procedures. Please tell the clinic about any unusual symptoms.
- 8. Headgear and elastics.** These apply forces that move teeth into position, and the time they are worn affects the result: wear them exactly as instructed. If headgear comes off the tubes or wire while the elastic force is engaged, it can snap back and cause injury.
- 9. Unfavourable growth.** Unusual tooth formation, or too little or abnormal jaw growth, may limit the result. If facial growth becomes disproportionate during or after treatment, the bite may change and the treatment goals may have to be altered, sometimes needing more treatment or jaw surgery. Growth is a biological process beyond the treating doctor's control.
- 10. Impacted teeth.** Moving impacted teeth (teeth that cannot come through normally), especially canines and wisdom teeth, can lead to gum problems, relapse or loss of teeth, and these cases have a lower rate of success. Some impacted teeth are fused to the bone and cannot be moved.
- 11. Treatment time.** The estimate is based on average times for many patients. Each patient responds differently, and treatment can take longer than estimated. Lack of growth or poorly directed growth, elastics not worn, repeatedly broken appliances, instructions not followed and missed appointments all lengthen treatment and can affect the result.
- 12. Additional dental care.** Because teeth vary in size and shape, the most ideal result (for example, closing large spaces completely) may need other dental treatment as well, most often tooth-coloured bonding, crowns and bridges, or gum treatment. These are planned and estimated separately, during or after orthodontic treatment.
- 13. Unusual occurrences.** Swallowed appliances, chipped teeth, loosened fillings and allergy to latex or nickel are rare but possible. Please tell us if anything unusual happens.
- 14. Perfection is our goal.** With growth, genetics and cooperation involved, perfection is not always possible. Orthodontics is an art, not an exact science, so a result that works well and looks good, not 100% perfection, must be acceptable. Tell us your expectations before, during and after treatment, and let us know about any concern or any result that does not meet them.

Because of each patient's individual conditions and the limits nature sets on treatment, not every benefit is possible for every patient. The unknown factor in any orthodontic correction is the patient's response to treatment and their cooperation during it.

Your expectations, in your own words

Comments

Records

I consent to photographs, study models and X-rays being taken before, during and after treatment for my orthodontic records, to plan the treatment and check its progress.

If my case is of special scientific interest, the doctor may present or publish my records in scientific papers or presentations to dental professionals, for education:

☐ I agree ☐ I do not agree

Consent

I certify that I have read, or had read to me, the contents of this form, that I understand the risks and limitations involved, and that I consent to orthodontic treatment at CDIC Smiles, Wakad and Hinjewadi.

Patient's signature

Parent or guardian

Witness

Date