St George's Healthcare NHS
NHS Trust

Consent for orthodontic treatment for parents / guardians of children

Department of Paedodontics and Orthodontics

It is important that you understand the orthodontic treatment we will be providing for your child. A member of staff will go through this form with you, please ask any questions you have.

Patient Name (child's name) ..……..

Date of Birth…./…./…….. Hospital Number……..

Name of Health Professional Completing Form…….

Job Title……

Proposed course of treatment:

☐ Fixed Appliances ☐ Removable Appliances

☐ Functional Appliances ☐ Headgear

☐ Study Models ☐ Photographs

☐ Expose and bond of impacted teeth Tooth……..

☐ Retainers

☐ Other……..

Statement of health professional

I have explained to the patient and parent/guardian. In particular, I have explained:

The intended benefits: ☐ Improved Smile Aesthetics ☐ Other....…….

……..

Serious or frequently occurring risks:

☐ Discomfort/ Trauma to oral soft tissues ☐ Decalcification of enamel

☐ Root Resorption ☐ Relapse

☐ Failure of expose and bonded tooth to align

☐ Other……

……..

Extra procedures that may be necessary ……

…….

Limitations of treatment:
.....

…….

Responsibilities of Patient: Maintain Good Oral Hygiene

Attend for regular appointments

Wear your appliances as specified

Maintaining a low sugar diet

Wear your retainers following treatment as specified

Attend for regular check ups at your general dentist

Other ……..

I have also discussed what the treatment course is likely to involve, benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of the patient.

The following leaflet(s) has been provided
…….

Signature …….. Date ……./…../…….

Print Name …… Job title ……

Statement of parent/guardian:

I agree to the course of treatment proposed on this form and I confirm I have 'parental responsibility' for this child.

Signature…….. Date……./……/…….

Print Name……. Relationship to child……