

Orthodontic Braces Consent Form Sample

The **Orthodontic braces consent form** sample provides essential information for patients undergoing orthodontic treatment, ensuring they understand the procedure, risks, and benefits. This document facilitates clear communication between the orthodontist and patient, promoting informed decision-making. Proper consent helps safeguard patient rights and supports ethical medical practices.

Sample Consent Form

Patient Information

Patient Name:

Date of Birth:

Parent/Guardian (if under 18):

Treatment Information

I understand that orthodontic braces involve the use of fixed or removable appliances to correct the alignment of my teeth and/or jaws. The proposed treatment plan has been explained to me, including the expected duration, process, and alternatives.

- I have been informed of the potential risks (e.g., discomfort, tooth decay, gum problems, root changes, relapse).
- I understand the benefits of orthodontic braces, such as improved dental function, appearance, and oral health.
- I understand the importance of maintaining oral hygiene and attending scheduled appointments.
- I have had the opportunity to ask questions and discuss concerns with my orthodontist.

Consent

I have read and understood the information above. I voluntarily consent to orthodontic treatment as described.

Patient/Guardian Signature:

Date:

Submit Consent