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**Orthotropic Consent Form**

It is important that you fully understand the procedure that you or your child is undertaking and have adequate balanced information on the pros and cons of all the options to make an informed choice. Valid Consent is an on going process and as such we will continue to update and include you by presenting you with these forms at the start and during treatment;

1. Orthotropics only gives an individual the opportunity to change, the treatment cannot make an individual change and as such the results are completely dependent on the actions and cooperation of the individual.
2. The initial preparatory phase of treatment aims to create space for the tongue, to move and loosen the upper jaw upwards by direct and indirect means. This effectively creates a malocclusion where the front teeth stick out and there appears to be too much widening in the upper jaw. This is known as the “Ugly Duckling” phase of treatment, and will alarm uninformed dentist and orthodontists. It is corrected by the training phase of treatment.
3. In general, Orthotropics is a fail-safe therapy, and as, such stopping treatment early usually leads to a return to the original position will little problems, and some benefit. However between the end of the preparatory phase and before the lower arch has been widened in the mid section of the training phase, there is a point where the lower arch could bite/fit up inside the upper jaw, a Brodie bite. As such during this point some additional treatment would be required prior to stopping treatment. It will also be essential for us to take records as this point in time, and it is part of your agreement to have treatment to give us this opportunity.
4. Dental alignment. Orthotropics does not aim to align the teeth but create an environment in which the individual can align their own teeth, as the other 5,400 species of mammals do. We do not recommend fixed braces, since teeth that need to be pushed into position need to be held there permanently (which is why permanent retention is necessary after fixed braces), however if an individual is unable to achieve the lip and tongue posture required to align their own teeth, we can provide additional treatment with fixed appliances when requested to gain an aesthetic dental result.
5. Spare space, orthotropics often leaves additional space at the end of treatment, this is usually placed between the last premolar and the first molar teeth.
6. Cases that are started after the age of 9 are likely to be a compromise result, which may mean little facial change (especially in the cheek bone area), poorer dental alignment, spare space and the need to post treatment retention.
7. Appointment times; nearly all parents ask for appointments either first thing in the morning or after school in the afternoons. Obviously we cannot run a business only working these times. Our resolution is to offer alternate appointments of choice followed by less convenient times. The restricted times are 8:30 till 9:30am and 4:00 till 6:00pm, we are very sorry for any inconvenience. Please note that we always wish to place new appliances and undertake repairs in the late mornings when we less rushed. Saturday appointments. We are open on Saturdays but reserve this period for parents and patients that travel more than 3hrs for appointments.
8. It is vital for a parent to attend each and every appointment for any children under care, it is possible with our consent to use a grandparent for alternate appointments, please talk to us about this.
9. We are not a normal dentist and anyone under treatment should continue to have regular checkups during this treatment.
10. 20hr of brace wear is expected throughout the active treatment phase, the minimum breakthrough time is 16hrs per day if this is not achieved we reserve the right to stop treatment or charge for the additional time taken to gain a result. Sometimes we recommend one week of permanent fixation of the appliance to overcome such difficulties.
11. Appliances that are not well worn will not fit, replacement appliances for this reason are charged for. If it is not possible to wear any appliance we insist that you contact us rather than stopping appliance where, Dr Mew’s personal mobile is (07956) 419918, and is available for emergency calls permanently.
12. While braces are in your mouth and components are fixed to your teeth it is more difficult to clean them and debris build up more easily. If the teeth are not cleaned very well or if too many sweet foods or drinks are consumed during the treatment, the teeth are more liable to decay or discolor, especially beneath the components fixed to your teeth (such as the bumps) that sometimes can only be seen when these components are finally removed. As such we recommend you to minimise between meal snacks, reduce or eliminate acidic foods and fizzy drinks (except occasionally ay meal times), brush regularly with a fluoride tooth paste and use a fluoride mouthwash daily throughout treatment.
13. For the same reasons (in part 12) if the teeth are not thoroughly cleaned it will encourage gum disease. Spend time at least twice a day to clean around each tooth completely. During orthotropic treatment this is especially important for the front of the lower front teeth and the inside of the upper molars, which are particularly susceptible to gum recession if these are not well brushed the gums will recede. Brush right down into the gums to fully clean the dental pockets. Try to find new places where you have not brushed recently and avoiding a routine. Bleeding means “brush better” and please inform us of excessive bleeding. We recommend regular visits to the hygienist, teaching not cleaning during treatment.
14. Root resorbtion. When teeth are moved through bone, the bone dissolves ahead, and reforms behind, the teeth. However to some extent the roots of the teeth also dissolve and this may not reform. This is usually only to a small degree, a loss of 0.5 to 1mm of root length will cause no long term problems. Unfortunately in a few cases there can be considerable resorbtion, some times to such an extent that teeth can become loose. The most common teeth to be affected are the upper incisors. One of the risk factors can be jiggling movements that occur with poorly worn; appliances, elastics and removable components. Therefore please wear all components as instructed and report excessively loose teeth. Although all teeth that are being moved become looser.
15. It is important that you understand the difference between orthodontics and orthotropics, and do not have treatment unless you understand the various options. Orthodontics aims to push the teeth into position physically and gains the best dental alignment, if space is needed the teeth are tipped outwards, the arches are expanded or teeth are extracted (especially the wisdom teeth). After treatment permanent retention is required, but little cooperation is needed during the treatment. Orthotropics aims to correct the pattern of facial growth to create more space for the teeth and tongue, and to correct the oral environment so that the teeth align naturally, all 32 including the wisdom teeth. This improves the general health of the face and aligns the teeth naturally with little damage to them, however it is achieved by the individual making a physical change in their posture and function. Although this is not easy, a lesson learnt, can be learnt forever, and as such successful cases need no retention after treatment. Orthotropics has a higher failure rate than orthodontics, as it is so patient dependent but it is quite fail-safe and most people gain some benefit even when they finish treatment early.
16. We strongly recommend that you seek a conventional opinion before starting orthotropic treatment and understand that this is not a mainstream approach to treatment.
17. Treatment at the London School of facial Orthotropic’s is subsidized by teaching publication and promotion. If do not you wish the images of your child to be used for these activities, please mention this to us, a 25% premium is added the cost of treatment.
18. The aim of the treatment is for an individual to correct their oral and body posture, learning to rest with the tongue on the roof of the mouth, the lips together and the teeth in or near contact at rest, obligatorily breath through their nose. Our appliances will help with some of this but unfortunately, as in life, we cannot do all of this for anyone, much needs to come from the individual. The benefits from this treatment are phenomenal, but the treatment is more like teaching than treating is must be the individual that makes the changes themselves.
19. Treatment is provided in an open plan environment in which information regarding the process of any one individual’s treatment may be overheard by other patients and their families. The methods of modeling and natural competition have proven this the best environment. Personal and medical information of more confidential nature will not be discussed and if at any point you wish we can retire to the small surgery. This may be of particular importance if for some reason the treatment plan needs to be modified.
20. Not every child will make the changes necessary to achieve a good result in this treatment, we will monitor treatment and aim to give as much warning as possible. To assist the treatment we recommend certain adjuncts to treatment that help this process such as Cranial Osteopathy, Orofacial Myology, anybody posture therapies, Buteyko breathing, , early loss of baby teeth and harder food. Which we strongly recommend that pursue for the best results.

If you have any questions in regard to this form please talk to us or arrange as we will be only too happy to chat them through with you. Also you should have been given the Orthotropics Information sheet with a more detailed explanation of treatment;

Signature ----------------------------------------- Child’s Name ---------------------------------------