



## Consent form for Orthodontic treatment

### Faculty of Dentistry, Prince of Songkla University

Patient's name (Mr./Ms./Mrs.)..... Age.....year HN.....

In the case of being a legal representative, please enter the following information:

Name of parent (Mr./Ms./Mrs.)..... Age.....year

Relationship..... has been decided to undergo the orthodontic treatment with the Faculty of Dentistry, Prince of Songkla University, and understood the potential risks before, during, and after orthodontic treatment.

**Dentist's Name**.....

#### 1. Facts to be considered

Orthodontic treatment is the process of correcting the malalignment of teeth. According to the continuity of treatment, the patient's co-operation is necessary for the success of the treatment. Hence, the patient should strictly follow the therapeutic prescription and revisit at least 2 months intervals.

#### 2. Potential risks

Possible complications from orthodontic treatment may occur, including tooth necrosis, root resorption, periodontal disease, temporomandibular disorders (TMDs), and swallowing of instruments.

#### 3. Consequences without orthodontic treatment

Malocclusion is not a disease. Therefore, the patient can lead a normal life.

#### 4. Estimated cost ..... Bath

#### 5. Request for termination of treatment

Patients are able to terminate the treatment under the agreement with the attending orthodontist.

#### 6. Post-treatment care

New arranged teeth tend to return to their original position. Patients are required to wear the retainer for preventing relapse as strictly recommended by the attending orthodontist and should be followed up periodically.

7. Specific details for this patient

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I or the guardians have informed, questions, and understood the overall treatment process and related risks.

From this previous statement, I agree to receive the treatment.

.....  
(.....)  
Orthodontist

.....  
(.....)  
Patient/legal representative

.....  
(.....)  
Witness

.....  
(.....)  
Witness

Date..... Time.....

**Note 1.** In case of only one patient receives treatment, please fill "Patients come alone" in the witness signature box and sign.

2. In case of the patient is underage (less than 20 years), the guardian or legal representative should be signed.