“WHITE SPOTS MATTER”

INFORMED CONSENT: FOR WHITE SPOTS/PERMANENT SCARS

Braces do NOT cause white spots on the teeth, but can act as food traps where bacteria (present in the mouth) may concentrate. Bacterial plaque will form and release metabolic acids that can decalcify the enamel and cause white spots or unsightly permanent scars on the teeth.

This process occurs very rapidly and unless the plaque is removed completely every day, visible scars (white spots) will occur. Active orthodontic treatment may need to be discontinued (braces removed) and restorations will have to be placed (at the patient’s/parent’s expense) by your family dentist.

White spots should never occur as long as the patient is diligent in their oral hygiene practices as instructed. Our common goal is a beautiful healthy smile and straight teeth with no white spots. It is the patient’s/parents’ responsibility to prevent these permanent scars from occurring. In addition, it is imperative that the patient maintains regular visits at intervals recommended by the family dentist during orthodontic treatment.

Although filled resin sealants will be placed on all anterior teeth prior to placement of braces (which tend to act as a “raincoat” for partial protection), excellent oral hygiene is still most important! A special emphasis should be placed on brushing at the margin of the gums as well as all surfaces of all teeth.

Carbonated beverages (even “Diet”) and “sports drinks” have been shown to be very acidic and can also contribute to white spot formation. Please limit these beverages and rinse thoroughly with water (if you can’t brush) after drinking any of these beverages.

In addition, we will prescribe a fluoride gel for the patient to use throughout treatment. It is VERY IMPORTANT that the patient apply the fluoride gel with the toothbrush daily at bedtime after regular brushing for added protection.

Remember—clean teeth do not get white spots! Please help us achieve a nice result and a great smile!

Please understand that without excellent oral hygiene, white spots (which are permanent, and may have to be restored by the family dentist) WILL OCCUR. We hereby give consent to orthodontic treatment and promise to be diligent in home care and use of the prescribed fluoride. WE UNDERSTAND THAT TREATMENT SHOULD NOT BE STARTED UNLESS WE FULLY AGREE TO THE ABOVE. (I fully understand this document and a copy was provided to me)

___________________________  __________________________
PATIENT                                PARENT

___________________________  __________________________
WITNESS                                DATE