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Patient Consent Form: Use of Mini-Implants During Orthodontic Treatment

I, _____, accept the treatment plan for the use of mini-implants to aid in the positioning of my teeth during my orthodontic treatment, as explained to me by [Name of Orthodontist].

I understand that [Name of Orthodontist] will be using these mini-implants as "anchorage" units because the number/position and state of my teeth do not permit the efficient movement of the teeth that need to be repositioned.   I have been told that 1 , 2, 3, 4 or ____ mini-implants are required either on my palate or between my teeth in my upper and/or lower jaws.

[Name of Orthodontist] has explained to me how the insertion of the mini-implant is done under local/topical anesthesia and shown me the areas of planned mini-implant placements.

I have been given a list of reasons why the mini-implants sometimes fail and I understand that successful use of each and every mini-implant is not guaranteed. I have been informed that replacements of mini-implants will be necessary if loosening of mini-implant occurs before the treatment goals are completed.

I understand that some of the risks that may occur include:
1. Infection at the site of placement
2. Failure of the implant to take hold
3. Possible damage to the roots of nearby teeth at the time of placement

I have also informed [Name of Orthodontist] of my complete medical history, and that I am not taking any of the following medications: Foxamax, Actenol, Boniva, Aredia, Zometa, and/or other forms of bisphosphonates, as this will increase the likelihood loosening of mini-implant and/or fracture of the supporting bone.

I have had an opportunity to discuss the risks, benefits, and alternatives, and I hereby consent to the placement and use of mini-implants during my orthodontic treatment.

Patient Name and Signature:_____ Date: /   /

Legal Guardian Name and Signature _____ Date: /   /
(*if required*)