

**SPECIFIC INFORMED CONSENT  
FOR  
WHITESPOT LESIONS/DECALCIFICATION/PERMANENT SCARS**

Braces do NOT cause white spots on the teeth, but they may act as food traps where bacteria (present in the mouth) may concentrate. Bacterial plaque will form and give off metabolic acids which can dissolve 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/pediatric 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/parent's responsibility to prevent these permanent scars from occurring. In addition, be sure that the patient maintains regular visits at intervals recommended by the family/pediatric dentist during orthodontic treatment.

Although fluoride will be placed on all anterior teeth after the braces are bonded into place, excellent oral hygiene is still most important. A special emphasis should be placed on brushing at the margin of the gums and the 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 recommend a fluoride rinse should be used throughout treatment. It is VERY IMPORTANT that the patient rinse with fluoride 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/pediatric dentist) WILL OCCUR. We hereby give consent to orthodontic treatment and promise to be diligent in home care and the use of a fluoride rinse. (WE UNDERSTAND THAT TREATMENT SHOULD NOT BE STARTED UNLESS WE FULLY AGREE TO THE ABOVE.)

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PATIENT

\_\_\_\_\_  
PARENT

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

