



**Jaws Family Dentistry**  
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Patient Name:

DOB:

**OJW- Orthodontic Jaw Wiring consent**

I, \_\_\_\_\_, authorize the wiring of my jaws into the OJW position of physiologic rest. I realize that I will need to be on a low-calorie liquid diet to achieve my weight loss goal. I know I can have the orthodontic jaw wiring (brackets and wire) removed at any time I request. I have understood all the material related to the orthodontic jaw wiring procedure. I also recognize that even if I achieve my weight loss goal, I may well regain the weight. I have been advised that the best way to maintain the weight loss is by means of life style changes, which include a low calorie, balanced diet matched to an appropriate exercise regime for my life style.

Please note that no reinstallation will be done more than 2 times within 6 months.

The OJW appointment will include an oral examination in conjunction with a panoramic X-ray, and detailed instructions how to place and remove the OJW wiring. I understand that I must remove the wires at the end of six weeks (maximum) and return to the office (not applicable to out-of-town patients) to have a practitioner re-examine me to ascertain that my teeth, gums and jaw joints (TMJ) are in healthy condition. **Above all**, I understand that the practitioner will not rewire me if I cannot pass [the three-finger mouth opening test](#) without difficulty or discomfort.

I am fully aware that other methods of weight loss are available to me.

I understand I am required to make a new appointment for between 4 and 6 weeks after each time the practitioner rewires my jaws and I realize that I must release the wiring 4-6 days prior to that to permit me to exercise my jaw muscles. I realize that if I do not eat a soft diet during those times that my jaw is unwired I may cause brackets to become detached.

I have been advised that if I have any conditions which are medically compromising and that demand special medical attention to dietary details such as, to mention just a few: diabetes, gastric reflux, Crohn's disease, irritable bowel syndrome and malabsorption syndrome, I should not have this procedure done. I have had a medical exam in the recent past and I am in good health, and I have no medical problems that may interfere with or be at odds with this procedure. My physician has not advised me to forego this procedure.

"Who is NOT a good candidate for the OJW procedure."

- There is also the possibility that I might be allergic to metal components in the brackets/wire such as Nickel or even the adhesive used to bond the brackets to the teeth any of which might require having to have the OJW removed.
- Constant vomiting
- Clenching
- Grinding
- Yawning in your sleep
- Sensitive teeth
- Cavities
- Talking too much
- Many others:

I realize that while the practitioner may try to help me with the liquid diet suggestions that it will be my total responsibility to create a liquid diet compatible with my goals. I agree to keep an accurate daily log of my liquid diet showing the calories in each meal and the total of my daily and weekly intake. I realize that I may not reach my weight loss goal.

I have been shown how to remove the wiring with a Nippy wire cutter and even a fork. I have been advised to always carry the Nippy wire cutter.

I have been told that my speech may be somewhat impaired, that Listerine rinses and luke-warm water with salt will be the only way to keep the insides of my teeth and mouth clean. I have been told to avoid and/or report any gnashing/bruxing or sideways grinding of my teeth or any jaw muscle aches since they can cause problems to my teeth and jaw joints.

I understand that the OJW placement is non-refundable following insertion/placement of the OJW and that the removal of the wiring and all braces at the last visit is included in the fee. Should I go to another practitioner for removal, an extra cost will be incurred.

I understand that in the event that my medical aid does not cover the full cost of the procedure, I am liable to pay for the balance.

I have read the Informed Consent above including the hyperlinks directing me to supporting educational material. I fully understand the OJW service that Joyful Jaws will be providing me with. My signature acknowledges my consent for Joyful Jaws to provide me with the OJW appliance:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Patient/Parent/Guardian*

Relationship (if patient a minor): \_\_\_\_\_

Evidence:  
 X-ray  
 Pictures

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Dental Practitioner*