

Class III Consent Form

The skeletal Class III is a skeletal imbalance where the mandible (lower jaw) is excessively large relative to the cranium. This problem is genetic as opposed to functional, and should be treated as early as it can be diagnosed. Most skeletal Class III patients can be accurately diagnosed between five to seven years of age.

There are three objectives of the treatment:

- 1) To retard the growth of the mandible and prevent it from growing to its full potential.*
- 2) Develop the size of the maxilla (upper jaw) to its full potential.*
- 3) Pull the maxilla (upper jaw) forward to its maximum position.*

Once these three objectives are obtained it is important to retain the child at night until the final pubertal growth has occurred. The child must be monitored on a regular basis for the possibility of additional active therapy.

The first indication of the need for additional active therapy will be dysfunction of the T.M.J.s. Most Class III patients require two or more periods of additional active treatment before they complete puberty.

When the patient ceases to change in height as a late teenager the final growth has usually occurred. At this point the teeth can be straightened with conventional orthodontic therapy.

Surgery to reduce the size of the mandible is always a possibility. This decision cannot be made until the final growth is complete.

Signature of parent or guardian: _____

Signature of treating doctor: _____

Signature of witness: _____