

# Informed Consent & Agreement

## Notice to the treating office:

This form is to be signed by your clear aligner patients prior to treatment and kept for your records.

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Your doctor recommends clear aligners for your orthodontic treatment. Orthodontic treatment often leads to a more attractive smile, but you should also be aware that any orthodontic treatment has limitations & potential risks that you should consider before undergoing treatment.

## What are clear aligners?

Clear aligners are an alternative to traditional braces and orthodontics. Instead of using metal wires or brackets, clear, plastic aligners are placed over your teeth to apply consistent, gentle pressure and guide teeth into their proper position.

## What types of cases do clear aligners treat?

Clear aligners are nearly invisible, minimally invasive, and treat a wide range of spacing and bite issues, including:

- ✓ Mild-to-moderate crowding
- ✓ Arch expansion
- ✓ Underbites and overbites
- ✓ Crossbites and open bites (when paired with other devices and/or procedures)

Millions of patients worldwide have successfully improved their smiles and dental health using clear aligners.

## What are the potential benefits of clear aligners?

While most assume clear aligner benefits are purely cosmetic, they offer health benefits too.

Crowded and overlapping teeth make it easier for plaque and bacteria to accumulate. Over time, this can lead to cavities and gum disease. On the other end of the spectrum, too much space between your teeth can lead to gum damage, bone damage, and, in severe cases, loose teeth.

Properly spaced teeth are less likely to hold onto food debris and are easier to clean. This reduces the likelihood of developing conditions like gingivitis, endocarditis, and gum disease. Patients who complete their clear aligner treatments report higher levels of confidence and better dental hygiene.

Clear aligner treatments come with a 3-in-1 whitening and cleaning solution to help patients achieve their dental hygiene and aesthetic goals.

## What is the clear aligner treatment process?

To get started, your dentist will assess your case by taking photos of your smile and performing a digital intraoral scan of your teeth. This information will be used to design a treatment plan customized to your specific needs. Once you've approved the treatment plan, your dentist will order your clear aligners. You'll schedule an appointment to receive your clear aligners and begin the treatment!

## How long does treatment last?

The length of treatment can vary based on the complexity of your case and the number of steps needed. Plans can range from 4 months to 24+ months depending on case complexity. Each clear aligner step is worn for a 14-day cycle.

## How often do I need to visit the dentist?

The number of appointments as well as the time between appointments will ultimately be determined by your dentist. Most patients will be seen by the doctor every 4 weeks to ensure their treatment is on track. You will change the aligner steps every 14 days.

Since you are changing the aligners yourself, scheduling your follow-up visits is very flexible and can easily be planned around your busy schedule.

## What are clear aligners made out of and what do they look like?

Clear aligners are molded out of clear, BPA-free and phthalate-free, medical-grade plastic for comfort and results.

The interior layer of the aligner is slightly soft to allow for comfortable tooth movement. The exterior layers are rigid and durable to protect against grinding, clenching, and cracking.

## What are the benefits of working with my dentist for clear aligner treatment?

Your dentist is trained in tooth movement and will be monitoring your treatment in person to guarantee safety and effectiveness. This includes periodic evaluations and X-rays to monitor your progress and oral health.

There are a variety of direct-to-consumer clear aligner treatments in the market. These companies do not offer in-person evaluation, supervision and are not able to provide a truly custom treatment that factors in your unique physiology. Working with your dentist is, ultimately, the safest and most effective option for clear aligners.

## What are the potential risks of clear aligners?

- If you don't wear the aligners for the required number of hours per day, don't use the product as directed by your doctor, miss appointments, or have erupting or atypically shaped teeth, your treatment time may be longer than normal and you may not achieve the desired results
- Your teeth may become tender after you switch to the next aligner in a series
- Your gums, cheeks, or lips may become scratched or get irritated
- Your teeth may move after treatment - although consistent wearing of retainers after treatment should make this less likely
- If you don't take proper care of your teeth, such as eating foods with sugar, drinking beverages with sugar, not brushing or flossing properly, or otherwise not using proper oral hygiene or preventative maintenance - especially before wearing clear aligners, you may get periodontal disease, inflammation of the gums, or permanent teeth markings
- Aligners may temporarily cause a speech impediment, although this should go away in a week or two
- Aligners may temporarily increase mouth dryness or saliva production - and some medications may make this worse
- Your doctor may bond attachments to one or more teeth during the course of treatment to facilitate tooth movement and/or appliance retention. Your doctor will remove these after treatment is completed
- Attachments may fall off and require replacement
- Teeth may require interproximal recontouring or slenderizing in order to create space needed for dental alignment to occur
- Your bite may change throughout the course of treatment and may result in temporary discomfort
- Rarely, slight superficial wear of the aligner may occur where you may be grinding your teeth or where teeth may be rubbing
- At the end of orthodontic treatment, your bite may require adjustment ("occlusal adjustment")
- Atypically-shaped, erupting, and/or missing teeth may affect aligner adaptation and may negatively impact the ability to achieve the desired results
- Severe open bite, severe overjet, skeletally narrow jaw, and/or other complex structural bite issues may require supplemental treatment in addition to aligner treatment
- Supplemental orthodontic treatment, including the use of bonded buttons, orthodontic elastics, auxiliary appliances/ dental devices (e.g. temporary anchorage devices, sectional fixed appliances), and/or restorative dental

## Informed consent

I've been given adequate time to read, and have read, the preceding information describing orthodontic treatment with clear aligners. I understand the benefits, risks, alternatives, and inconveniences associated with treatment as well as the option of no treatment. I have been sufficiently informed and have had the opportunity to ask questions and discuss concerns about orthodontic treatment with clear aligners with my doctor from whom I intend to receive treatment. I understand that I should use clear aligners only after consultation and prescription from a licensed doctor, and I hereby consent to orthodontic treatment with clear aligners that have been prescribed by my doctor. Due to the fact that orthodontics is not an exact science, I acknowledge that my doctor has not and cannot make any guarantees or assurances concerning the outcome of my treatment. No assurances or guarantees of any kind have been made to me by my doctor, its representatives, successors, assigns, and agents concerning any specific outcome of my treatment. I authorize my doctor to release my medical records, including, but not be limited to, radiographs (x-rays), reports, charts, medical history, photographs, findings, plaster models, impressions of teeth, or intraoral scans, prescriptions, diagnosis, medical testing, test results, billing, and other treatment records in my doctor's possession ("Medical Records") (i) to other licensed dentists or orthodontists and organizations employing licensed dentists and orthodontists and to Dandy Dental Lab, its representatives, employees, successors, assigns, and agents for the purposes of investigating and reviewing my medical history as it pertains to orthodontic treatment with product(s) from Dandy Dental Lab and (ii) for educational and research purposes. I understand that use of my Medical Records may result in disclosure of my "individually identifiable health information" as defined by the Health Insurance Portability and Accountability Act ("HIPAA"). I hereby consent to the disclosure(s) as described above. I will not, nor will anyone on my behalf seek legal, equitable or monetary damages or remedies for any such disclosure. I acknowledge that use of my Medical Records is without compensation and that I will not, nor shall anyone on my behalf, have any right of approval, claim of compensation, or seek or obtain legal, equitable or monetary damages or remedies arising out of any use that complies with the terms of this Consent. An electronic copy of this Consent shall be considered as effective and valid as the original. I have read, understand and agree to the terms set forth in this Consent as indicated by my signature below.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For patients under 21 years of age:

Signature of parent or leage guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Name of parent or leage guardian: \_\_\_\_\_