

Patient Consent Form

Please read this form carefully as it is very important for you as a patient to be fully informed before proceeding with MySmile clear aligner treatment.

As with any dental or orthodontic treatments there are inherent risks if guidelines and prescriptions are not followed. While every effort is made during the assessment, prescription, and manufacturing phase, risks may still arise. By using the latest in digital dentistry technology and only internationally approved materials, we minimise these risks. We also follow very strict parameters of movement maintaining conservative dentistry as an absolute priority.

1. Patient Compliance

1.1 One of the most important factors influencing the effectiveness of clear aligner treatment is patient compliance. It is essential to ensure that the proposed treatment goes as planned. You are required to wear the aligners for a minimum of 22 hours per day for the duration of the treatment. Teeth movement per step is usually completed within 3 weeks. Failure to wear the aligners for the recommended time per day may result in prolonging the process unnecessarily. Skipping an aligner step to try and speed up the process is not an option. This may lead to adverse results and in some cases even tooth loss. The duration of your specific treatment is a best case estimate and may vary according to your specific circumstances. Proceeding with a next step may only be done on permission from your dentist.

1.2 Aligners must be removed to eat, when drinking hot fluids and when performing oral hygiene activities. To remove an aligner, place a fingernail under the edge of the aligner on the inside rear part of the aligner and gently lift and pull it off of the molar tooth. Work your way towards the front teeth until the aligner comes off. Replace as soon as possible.

1.3 Unlike with metal braces, clear aligner allow for easier oral hygiene care. However, oral hygiene is of paramount importance and should be exaggerated in efficacy during the treatment period. Brush and floss teeth regularly. Use a mouthwash, rinse well, clean the aligner and then replace it.

2. Aligner care

2.1 Keep the aligners clean. Wash under cold water with a soft toothbrush. Don't use any detergents or chemical agents.

2.2 Keep the aligners in a safe dry area when not in use.

3. Check-ups

Keep regular appointments with your dentist to ensure the following:

- a) Teeth movement is going according to plan.
- b) There are no signs of infection or inflammation
- c) To discuss any concerns you may have.

4. Interproximal reduction

Your specific case may require that some teeth need to be reduced in their width to allow for movement and alignment with neighbouring teeth. This entails the filing down of the enamel on one or both sides of the tooth. This activity is kept to an absolute minimum and has no impact on the health of the tooth.

5. Attachments

It may be necessary to place composite attachments on certain teeth surfaces prior to starting treatment. These attachments aid in achieving the correct degree of movement. They are removed after treatment has been concluded and have no effect on the surface or health of a tooth.

6. Pain and discomfort

During clear aligner treatment, as with all orthodontic treatments, the periodontal ligaments must be stretched. This could cause discomfort and pain. Request that your dentist issue a prescription for pain management medication in extreme cases.

7. Risks

7.1 Aligners will not work on implant based teeth.

7.2 Previously crowned or traumatized teeth need to be monitored carefully during treatment. In very rare cases it has been necessary to re cement crowns which has come loose during treatment.

7.3 Broken aligners. Even though we use the highest quality aligner material available to manufacture our aligners, they are not indestructible. Should your aligner break or distort for whatever reason, return to the previous aligner and make an appointment with your dentist to have the aligner replaced. Do not go without an aligner as all progress up until that point could be lost.

7.4 Allergic reactions. Our aligner materials are CE certified as well as ISO 10993 and EN ISO 7405 compliant for long term clinical use. However should you experience any allergic reaction to the aligner material, remove it immediately and consult your dentist.

7.5 Expectations. Patient can expect an improvement after completing treatment. However, while we strive for perfection, it cannot be guaranteed due to a number of possible influencing factors which are not under our control. These include but are not limited to:

- a) Patient age
- b) Patient gender
- c) Root length
- d) Bone levels
- e) Bone density
- f) Lack of muscle balance
- g) The influence of medication and underlying illnesses
- h) Compliance from the patient

Informed Consent

1. I have read and understand the risks and inconveniences involved in the treatment.
2. I understand the importance of wearing the aligners for the minimum prescribed time.
3. I understand the process involved and the function of the aligners.
4. I understand that the final results may differ from those proposed to me during the assessment process.
5. I understand that additional steps may be required in the case of a relapse due to a retainer not being worn after treatment was completed.
6. I understand that replacement aligners will be at an additional cost, not included in the initial quotation.
7. I have had the planned treatment explained to me, I understand the benefits and the risks as discussed. I have had the opportunity to discuss my concerns and any underlying medical conditions which may influence the outcome of my treatment with my dentist. I am satisfied that my concerns have been adequately addressed.
8. I acknowledge that no guarantees have been made to me by my dentist or MySmile or its representatives concerning the specific outcome of my treatment.
9. I am aware of the cost of the treatment proposed to me. By signing this consent form I am liable for all outstanding fees.

Patient

Clinician

Print name

Print name

Date

Signature of Parent/Guardian