



INFORMED CONSENT FORM FOR PATIENTS:
UNDERGOING TREATMENT AT CLEAR ALIGNER ORTHODONTIC

The effectiveness of your orthodontic treatment depends on your cooperation with your doctor. An informed and cooperative patient who carefully follows the orthodontic treatment plan prescribed by his or her doctor has the best chance of achieving positive results.

Your doctor has recommended an orthodontic treatment system with clear aligners. While you may be aware of the obvious benefits of treatment with clear aligners, such as a beautiful, healthy smile, it's important to remember that orthodontic treatment - like all medical treatments and procedures - comes with limitations, risks and inconveniences that occasionally justify forgoing treatment altogether. Before treatment, talk to your doctor about the potential risks of orthodontic treatment with Clear Aligners and about available orthodontic alternatives, including the option of no treatment at all.

Please read this information carefully. Ask your doctor about anything you do not fully understand and make sure you know exactly what is required of you as a patient (or parent/guardian of a patient) during treatment.

About Clear Aligner Treatment

Orthodontic treatment with clear aligners consists of a series of removable appliances made of clear plastic that are worn by the patient. The aligners are designed to move your teeth in small increments to improve bite function and/or esthetic appearance. Orthodontic treatment with clear aligners combines your doctor's diagnosis and prescription with specialized technology to create a treatment plan that determines the desired movements of your teeth. Once your doctor has created your treatment plan, a series of customized aligners will be made just for you.

Procedure

Your doctor will first perform a regular exam and take x-rays and photos of your teeth. Your doctor will make impressions/scans of your teeth and send them, along with a prescription, to the laboratory of the manufacturer of your Clear Aligner treatment system (the "Manufacturer"), where technicians will create your treatment plan according to your doctor's instructions. Based on the treatment plan, a series of aligners will be made specifically for you and sent to your doctor. The total number of aligners depends on the complexity of your misaligned teeth and the treatment plan prescribed by your doctor.

Your doctor will provide you with the aligners according to the treatment plan and give you specific instructions for their use. Unless your doctor orders otherwise, **MUST** wear your aligners at least 22 hours per day and take them out only to eat, brush and floss.

Your doctor will let you know when it is time to change your aligners. Generally, you will wear one set of aligners for about two to three weeks before switching to the next set in the series. The length of your treatment plan depends on the complexity of your doctor's prescription.

Unless your doctor orders otherwise, you should schedule an appointment with your doctor at least every four to six weeks. Missing or cancelling appointments will negatively impact your treatment and may result in unwanted tooth shifting. If you miss a scheduled appointment, your doctor will not be responsible for any unwanted tooth shifting and/or incomplete treatment.

Undesirable tooth shifts and/or incomplete treatments are a risk you take if you miss a scheduled appointment.



Benefits of Clear Aligner Treatment

The Clear Aligner treatment system is designed to combine the advantages of traditional "wired" orthodontic treatment, such as straighter teeth and improved bite alignment, as well as the following benefits that are only possible with "wireless" treatment:

- Clear aligners offer an esthetic alternative to traditional braces.
- The aligners are practically invisible.
- Aligners are removable, so you can eat, drink, brush and floss with ease.
- There are no cuts or abrasions from metal wires or brackets, so aligners are generally more comfortable to wear than traditional braces.

In addition, wearing aligners can improve oral hygiene habits during treatment and improve overall gum health.

Possible risks and inconveniences

As with other orthodontic treatments, some of the following risks and inconveniences may occur during treatment with clear aligners:

- The duration of treatment may exceed the duration estimated by your doctor. Failure to follow your doctor's instructions, not wearing aligners the prescribed number of hours per day, missing appointments, excessive bone growth, poor oral hygiene, and broken appliances may increase treatment time, increase your costs, and affect the quality of your results.
- Chipped or atypically shaped teeth can increase treatment time and interfere with achieving your desired results.
- Teeth may be sensitive after changing aligners.
- Sores and irritation of soft tissues in the mouth (e.g. gums, cheeks, tongue and lips) are possible but rarely occur when you wear aligners.
- The position of the teeth may shift after treatment. If you follow your dentist's retention plan, which includes wearing retainers consistently at the end of treatment, this tendency should decrease.
- The aligners may temporarily affect speech, although any speech obstruction caused by the Clear Aligner treatment products should disappear within one to two weeks.
- There may be a temporary increase in salivation or dry mouth, and certain medications may exacerbate this effect.
- During treatment, attachments may be placed on one or more teeth to facilitate tooth movement and/or appliance retention (these are removed after treatment is complete).
- Tooth decay, periodontal disease, gingivitis, or permanent impressions may occur if patients consume sugary foods or beverages, do not properly brush and floss their teeth before wearing aligner treatment products, or do not practise proper oral hygiene and preventive care.
- Teeth may need to be reshaped or slimmed interproximally to create the space needed for tooth straightening.
- During treatment, your bite may change, causing temporary discomfort.
- For more complicated treatment plans where aligners alone are not sufficient to achieve the desired result, additional orthodontic treatments may be required, such as the use of adhesive buttons, orthodontic elastics, appliances/dental restorations (e.g. temporary anchors or fixed partial appliances) and/or restorative dental procedures (you may incur additional charges for these procedures).



- You may need additional impressions and/or aligners for refinement after the first set of aligners.
- Teeth that have been overlapped for a long time may lack gingival tissue below the interproximal contact once the teeth are aligned, resulting in a "black triangle".
- Aligners are not effective in moving dental implants.
- At the end of orthodontic treatment, the bite may need to be adjusted ("occlusal adjustment").

Patient Commitment

Your commitment is critical to achieving the best possible results with the Clear Aligner treatment system. It is absolutely essential that you wear your aligners at least 22 hours a day, every day, except when eating, brushing and flossing. Otherwise, the treatment will be negatively affected and you will not be able to achieve the desired results.

Maintaining the smile

Due to the tendency of teeth to shift in the human dentition, you can expect that your teeth will naturally move back to their original position once the aligner treatment is complete. For this reason, **MUST** you will wear the retainer (s) prescribed by your doctor for the rest of your life. This is the most critical part of your treatment and crucial to maintaining your results.

After your aligner treatment is complete, lingual bars may be placed. These are rigid metal reinforcements that are placed behind your teeth to prevent them from moving.

In addition, all patients must wear retainers indefinitely. The retainers must be worn over the lingual bar, at least 22 hours a day for the first two weeks, at least 22 hours a day. After a few months of wearing the retainers less and less during the day, you can begin wearing them only at night with your doctor's permission.

The retainers should be cleaned with a toothbrush and water every time you brush your teeth and should be replaced every nine to 12 months because they are no longer clean and tight. You must carefully and diligently clean the area around your lingual bar carefully and diligently every night to prevent plaque and gum disease.

If your lingual bar or retainer is lost or breaks, it should be replaced immediately. If your lingual bar breaks, start **MUST** wearing your last set of aligners immediately until it is replaced to prevent your teeth from shifting.

Fees

Payment of your invoice is considered part of your treatment, and all charges incurred are your responsibility. Please note that our relationship is with you, the patient, and not with your insurance company. Please remember that insurance is only an estimate and not a guarantee of coverage. Our practice strives to provide the best possible care for our patients, and we charge the usual and customary charges. Please understand that treatment with Clear Aligners requires significantly more steps and higher laboratory fees than traditional braces, and that you are responsible for payment based on traditional braces regardless of an insurance company's arbitrary determination of usual and customary rates. If your treatment time is extended and/or the treatment schedule changes beyond the estimated time due to your choice or, more specifically, due to missed appointments and/or failure to follow your physician's instructions, additional charges may apply until your treatment is completed.

Any patient who cancels or fails to attend a scheduled appointment less than 24 hours in advance will be subject to a cancellation fee. If you do not comply with your doctor's instructions and, as a result, your aligners do not conform to your teeth, there will be an additional charge to get more aligners fabricated for correction.

If you do not continue your treatment, the old aligners will be discarded one year after the last appointment, and new impressions will be required for a restart.



If additional orthodontic treatment or additional cosmetic procedures (e.g., crowns or veneers) are required to complete treatment, you may incur additional charges if you need such procedures. If for any reason you fail to pay during treatment and your account remains in arrears after receiving a reasonable reminder, treatment may be suspended until your balance is paid; only then will treatment resume. Unless otherwise agreed, acceptance of late payment, partial payment or non-payment shall not constitute a waiver of our right to full and timely payment of all bills, nor shall such acceptance constitute a waiver of any legal rights or remedies available to us.

Informed Consent and Agreement

I have been given adequate time to read and have read the preceding information describing clear aligner orthodontic treatment. I have discussed and understood with my clinician the benefits, risks, alternatives and inconveniences, patient commitment required and smile retention practices, costs associated with treatment, and the option of no treatment. I have been adequately informed and have had the opportunity to ask questions and express concerns about orthodontic products with clear aligners to my doctor with whom I am seeking treatment. I understand that I should use Clear Aligner orthodontic treatment products only after consultation with and prescription by a trained doctor, and I hereby consent to orthodontic treatment with Clear Aligner treatment products prescribed by my doctor.

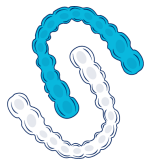
I agree to follow my doctor's treatment exactly as he or she prescribes and offers it to me, and I understand that I must report any questions, concerns or complaints I have about my treatment to my doctor as they arise.

Because orthodontics is not an exact science, I recognize that my doctor and the manufacturer cannot make any guarantees or assurances regarding the outcome of my treatment. I understand that the manufacturer is not a provider of medical, dental or health care services and does not practice medicine or dentistry or give medical advice. Neither my physician nor Manufacturer, its representatives, successors, assigns, and agents have made any representations or warranties to me regarding any particular result of my treatment.

I authorize my doctor to release my medical records, including, but not limited to, radiographs (x-rays), reports, charts, medical history, photographs, findings, plaster casts or impressions of teeth, prescriptions, diagnoses, medical tests, 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 the Manufacturer, its representatives, employees, successors, assigns, and agents for the purpose of investigating and verifying my medical history related to orthodontic treatment with the Manufacturer's product(s); and [ii] for educational and research purposes.

I understand that the use of my medical records may result in the disclosure of my "individually identifiable health information" as defined by the Health Insurance Portability and Accountability Act ("HIPAA"). I hereby consent to the disclosure as set forth above. Neither I nor anyone on my behalf will seek any legal, equitable or monetary compensation or remedy for such disclosure. I acknowledge that the use of my medical information is gratuitous and that neither I nor anyone on my behalf will have any right to authorization or compensation or seek or receive any legal, equitable or monetary damages or remedies as a result of such use consistent with the terms of this consent.

A photocopied copy of this consent is as effective and valid as an original. I have read, understand and agree to the terms of this Informed Consent and Agreement as indicated by my signature below.



AccuAligners

Clear **Solution!**

Patient Name		
Signature of Patient or Parent/Guardian (if patient is a minor)	Date	Time
Signature of Dentist/Orthodontist		
Witness Name		
Witness Signature	Date	Time

