

Inman and Clear Aligner Treatment Consent Form<sup>[L]</sup><sub>[SEP]</sub>

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Patients Name:.....DOB.....

I agree :

the procedure that has been proposed and explained to me by the dentist named on this form.  
the use of the appliance and Interproximal Reduction (if & where appropriate)

I understand:

and have been fully informed of the nature of the treatment and of any likely complications of the treatment.<sup>[L]</sup><sub>[SEP]</sub>that any procedure, in addition to this treatment, will only be carried out if necessary in my best interests and can be justified for clinical reasons and will be explained before being carried out

I have:

told the dentist about any additional procedures I would not wish to be carried out without my having the opportunity to consider them first  
informed the dentist about my existing medical conditions and infectious diseases that are known to me.  
informed the dentist about any medication I am taking or have taken in the recent past.

Note:

If there is anything that you do not understand about the explanation, or if you want more information, please ask the dentist or the receptionist

Please check that all the information on the form is correct. If it is, and you understand the explanation letter, then sign the form.

A copy of this consent form will be kept with your notes.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dentist (this section to be completed by dentist)

I confirm that I have explained verbally the treatment, and such options as are appropriate to the patient in terms suited to the understanding of the patient. I have explained that I am not a specialist orthodontist but I am able to carry out this treatment and I am supported by a Registered Specialist Orthodontist.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



### IMPORTANT INFORMATION

The following information is routinely supplied to anyone considering orthodontic treatment. While recognising the benefits of a pleasing smile and healthy teeth, you should also be aware that Orthodontic treatment, like any treatment of the body, has some inherent risks and limitations. These are seldom enough to contra-indicate treatment, but should be considered in making a decision to start treatment. Please feel free to ask any questions before, during and after the treatment.

#### **Your responsibilities:**

It is your responsibility to follow the brushing and oral hygiene instructions that are given to you, to help prevent harm to the teeth and surrounding tissues.

You must come to all appointments on the proper day and time.

You must not eat whilst wearing removable appliances (Inman Aligner or ClearSmile Aligner) or removable retainers, in order to keep from damaging the teeth and appliances. This will enable the treatment time will be as short as possible and us to achieve the best results.

You must visit a general dentist at least every six months for an examination and cleaning if necessary.

Please be aware that there will be additional charges for replacement of appliances (such as retainers or braces) that are lost or damaged due to repeated patient neglect, or any excessive extension of treatment due to lack of patient co-operation. 100% patient co-operation is very important.

#### **Oral hygiene:**

Decalcification (permanent markings), decay, or gum disease can occur if patients do not brush their teeth properly and thoroughly during treatment period. Although this is much less prevalent with removable orthodontics like the Inman Aligner, excellent oral hygiene and plaque removal is a must. Sugars and between meal snacks should be reduced as much as possible.

#### **A non-vital or dead tooth is a possibility:**

A tooth that has been traumatized from a deep filling or even a minor blow can die over a long period of time with or without orthodontic treatment. An undetected non- vital tooth may flare up during movement, requiring endodontic (root canal) treatment to maintain it.

#### **Root resorption:**

In some cases, the root ends of the teeth are shortened during treatment. This is called root resorption. Under healthy circumstances the shortened roots are no disadvantage. However, in the event of gum disease in later life the root resorption may reduce the longevity of the affected teeth. It should be noted that not all root resorption arises from orthodontic treatment. Trauma, cuts, impaction, endocrine



disorders, unknown causes can also cause root resorption.

**Growth issues:**

Occasionally a person who has grown normally and in average proportions may not continue to do so. If growth becomes disproportionate, the jaw relation can be affected and original treatment objectives may have to be compromised. Skeletal growth disharmony is a biologic process beyond the dentists control. Some patients will require oral surgery to obtain a reasonable treatment result to complete their case. Most patients we can inform ahead of time prior to starting any treatment that this is necessary and you will be referred to an orthodontist for comprehensive orthodontic treatment.

**Gum tissues:**

The bone-gum relationship around teeth is always dependent upon whether there is enough bone to support the gum tissue properly. Many times when very crowded teeth are straightened there is a lack of bone and supporting gum tissues surrounding the teeth. Therefore, the gum tissue contour and support may not be adequate and require periodontal intervention.

**Treatment time:**

The total time for treatment can be delayed beyond our estimate. Lack of co-operation, broken appliances and missed appointments are all important factors that could lengthen treatment time and affect the quality of the result.

**TMJ:**

There is a risk that problems may occur in the temporomandibular joints (Jaw joints). Although this is rare, it is a possibility. Tooth alignment or bite correction sometimes can improve tooth related causes of TMJ pain, but this is not in all cases. Tension appears to play a role in the frequency and severity of joint pains, and there are many other causes of TMJ dysfunction.

**Very unusual occurrences:**

Swallowed appliances, chipped teeth, dislodged restorations and allergies to latex or nickel rarely occur but are possible.

**Termination of treatment:**

It is understood that treatment can be terminated for failure to cooperate, missing appointments, not wearing appliances, excessive breakage, failure to keep financial commitments, relocation, personal conflicts or for any other reason the doctor feels necessary. If termination is necessary, the patient will be given ample time to locate another dentist to continue treatment.

**Expectations:**



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All patients can expect improvement with their particular problem, but, in many cases, absolute perfection is impossible due to lack of muscle balance, tooth shapes and sizes and varying degrees of

co-operation during treatment, along with heredity aspects that affects everyone's specific treatment results.

### **Relapse:**

Teeth have a tendency to return to their original position after orthodontic treatment. This is called relapse. Very severe problems have a higher tendency to relapse and the most common area for relapse is the lower front teeth. After removal, a positioner or retainers are placed to minimize relapse. Full co-operation in wearing these appliances is vital. We will make our correction to the highest standards and in many cases over correct in order to accommodate the rebound tendencies. When retention is discontinued relapse is highly likely.

### **Records:**

I consent to the taking of photographs, study models and x-rays before, during and after orthodontic treatment to assist in the planning and progress treatment objectives. I confirm that I have read or had read to me the contents of this form and do realize the risks and limitations involved, and consent to Inman Aligner / Clear Aligner treatment

### **Consent:**

I understand the information in this letter and that the treatment may be compromise and not fully comprehensive orthodontics. I certify that my dentist has offered me the option to see an orthodontist to have fully comprehensive orthodontic treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

