

INVISALIGN INSTRUCTIONS

• Should you decide to not attend the surgery every two weeks and insert the new aligners yourself you MUST inform us if they do not fit properly. If you have any queries regarding this please call the surgery.

Agree
Disagree

• Aligners MUST be worn at all times. Under no circumstances should you take them out for over 90 minutes at any one time

Agree
Disagree

• Do not drink extremely hot drinks or wash them in hot water as it may warp the aligners.

Agree
Disagree

• Should you lose your aligner i.e. No. 10 then wear the previous aligner, No. 9 until the new aligner is ordered for you. Replacement aligners will be an extra £200 each

Agree
Disagree

• If you take it upon yourself to stop treatment for a period that is longer then recommended by your dentist a charge of £300 may occur as new impressions may need to be taken.

Agree
Disagree

• If you do not attend a scheduled appointment or cancel without 24 hours notice a fee of £50 will apply.

Agree
Disagree

• You have 180 days from the end of the treatment to inform us if there is any issue with movement otherwise a fee will incur as this is Invisalign's cut off point.

Agree
Disagree

I am aware that I could use fixed braces (sometimes called "train tracks") to straighten my teeth and have been given the opportunity of being referred to an orthodontist for this

Agree
Disagree

I have read the informed consent document from Invisalign and am happy to proceed with the treatment:

Signature: _____ Date: _____

Name (please print) : _____

Patients Initials:

INTERPROXIMAL REDUCTION

- An important part of orthodontic treatment is creating space for the teeth to move.
- This is done primarily by the extraction of one or more teeth or by filing away small amounts of enamel in between teeth.
- This is called Interproximal Reduction (IPR).
- Here is a photo of what IPR looks like



I understand what Interproximal Reduction (IPR) is YES
NO

I am happy to have Interproximal Reduction (IPR) completed on my teeth if needed during Invisalign treatment

YES
NO

ATTACHMENTS

- Attachments are placed on the surface of certain teeth to aid movement
- They can be on any of your teeth including front teeth.
- These are tooth coloured and removed from your teeth at the end of your treatment.
- They will stay on the teeth at all times when you are in treatment.



I understand that I will have attachments placed on my teeth during Invisalign treatment
YES NO

I understand I may have attachments on my front teeth. YES NO

Patients Initials:

TREATMENT COSTS

Please find below the quotation for your Invisalign treatment with us as per your consultation.

- Quote- _____
- Payment option- _____

YOUR QUOTE INCLUDES THE FOLLOWING...

- All of your Invisalign appointments
- Take-home whitening at the end of your treatment
- 1 set of removable plastic retainers at the end of your treatment
- 1 set of permanent wire retainers at the end of your treatment

*Note by having your impressions taken and sent off to Invisalign you agree to a minimum charge of £1000, if for any reason you decide to cancel your treatment.

Please confirm below your chief dental complaint/reason for Invisalign treatment-

*Quote does NOT include, Hygiene appointments, translucent attachments and any general dentistry

I have been given enough time to fully understand all issues surrounding my treatment and all options have been explained to me

Patient Signature: _____

Date: _____

Name (please print) : _____

By signing this form you agree to the above terms.

Dentist Signature: _____

Date: _____

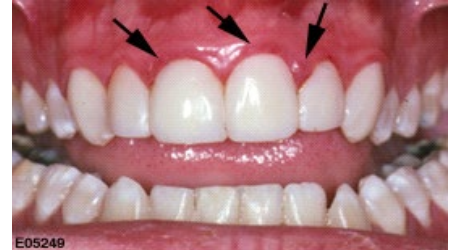
Patients Initials:

PATIENT CONSENT FORM

Orthodontic treatment, like any medical or dental treatment, has some risks. The more common risks of orthodontic treatment include

GUM PROBLEMS

- Inflammation
- If you do not keep your teeth and gums clean you will develop gum disease.
- Gum disease causes inflamed and bleeding gums
- Gum disease is preventable if you take good care of your teeth and gums.



I understand that I need to remove my Invisalign aligner to clean my teeth
YES NO

I understand there is a risk of gum inflammation during orthodontic treatment if I do not clean my teeth. YES NO

I understand that I need to brush and floss at least twice a day and ideally after meals. YES NO

RECESSION

- A less common gum problem that can occur during any type of orthodontic treatment is gum recession.
- Receding gums causes an exposure of the root of the tooth by loss of gum tissue (see photo).
- This can happen on any tooth and can be very difficult to predict.
- Your dentist will inform you if you are at an increased risk of this happening during your treatment.



I understand there is a risk of gum recession during orthodontic treatment
YES NO

Patients Initials:

BLACK TRIANGLES

- Sometimes when overlapping or very crowded teeth are straightened there is a lack of supporting gum tissue surrounding the teeth.
- This may cause the appearance of a “black triangle”.



I understand there is a risk of black triangles occurring during orthodontic treatment
YES NO

ROOT RESORPTION

- This is shortening of the roots of the teeth.
- Mild resorption is common with all types of braces.
- Severe resorption is uncommon but can occur if teeth have previously been traumatised (damaged by accident) or had previous braces.
- However it can happen without any known cause.
- Even with severe resorption, prognosis can be good in the medium to long term.

I understand there is a risk of root resorption during orthodontic treatment
YES NO

RELAPSE AFTER ORTHODONTIC TREATMENT

- Teeth will want to move back to their original position after orthodontic treatment. This is called relapse.
- Relapse can be prevented by wearing a retainer.
- It is important to follow the instructions given to you by your dentist when treatment is complete in order to reduce the risk of relapse.
- You must wear your removable retainer for a minimum of 6 months following treatment and every night thereafter.

Patients Initials:

- If you lose or break this retainer you must have a replacement made immediately or there is a risk your teeth could move. You will incur the cost of the replacement retainer.

I understand there is a risk of relapse after orthodontic treatment if I do not wear my retainer as advised by my dentist YES NO

A NON – VITAL TOOTH

- A non-vital tooth means the nerve in the tooth has died.
- Certain teeth are at a higher risk of becoming non vital during orthodontic treatment. For example, teeth which have already had a root canal treatment or teeth which have had accidents.
- An undetected non vital tooth may flare up during orthodontic treatment, requiring root canal treatment to maintain it.

I understand that during orthodontic treatment a tooth may become non vital and require root canal treatment. YES NO

LENGTH OF TREATMENT

Patients Initials:

- Your dentist will give you an estimate of how long they think your treatment will last.
- It is important to remember that this is just an estimate.
- There are some factors which will affect how long your brace treatment will last including

Missed Appointments

- It is important to attend for your appointments every 4-8 weeks as instructed by your orthodontist.
- If you miss any appointments, your treatment will take longer.
- Unsupervised treatment will also increase the risk root resorption and periodontal disease.

Poor Compliance

- Aligners must be worn at all times.
- Under no circumstances should you take them out for over 90mins at any one time

Genetics

- How quick teeth move is different from person to person.
- For some people, their teeth move quicker than average and so their treatment will not take as long as initially thought.
- For others, treatment may take longer if their teeth are slow to move.

I have seen the 3D movement of my teeth on the computer called 'Clincheck' and I am happy that my concerns are being addressed. YES NO

I have been given adequate time to read the above consent document.
I understand the benefits and risks associated with this treatment.

I have had the opportunity to ask questions and discuss any concerns I have regarding the treatment.

Patient Signature: _____

Patients name (please print) _____

Dentist Signature: _____

Date: _____

Patients Initials: