

Clear Aligner Digital – your consent and agreement

Your doctor has recommended Clear Aligner Digital. This treatment can be very beneficial, leading to straighter teeth and a more attractive smile. However, you should be aware that it also has its limitations and potential risks.

What are Clear Aligners and how do they work?

Clear Aligners are transparent, removable appliances that fit comfortably over your own teeth. They work by moving the teeth, little by little, until they reach the desired position.

Your Clear Aligners are made by CA laboratories, a specialist orthodontic laboratory. They use a sophisticated software programme to establish the ideal alignment for your teeth and the number of steps needed to get there. Once you and your doctor have approved this treatment plan, they will produce aligners for each stage of your treatment.

How long will your treatment last?

Normally, you will work through a series of aligners, wearing each for approximately three weeks at a time, as directed by your doctor. The aligners will be individually numbered in order of use. The number of aligners will depend on your individual needs and your doctor's prescription.

You should wear your aligners for 20–22 hours per day, only removing them to eat, drink and brush your teeth.

Follow-up

During your treatment, it is important to have regular follow-up appointments with your doctor. These should take place every 6-8 weeks, at a minimum. To get the best result, some patients may need additional bonded aesthetic attachments and/or elastics. Patients may also require some further refinement after the Clear Aligner treatment.

Risks of treatment

Any orthodontic treatment carries some element of risk. The potential risks involved in Clear Aligner treatment are as follows:

- ▶ If you miss appointments or fail to wear your aligners as directed by your doctor, your treatment time may be longer and you may not get the result you desire.
- ▶ Your teeth can still continue to move after your treatment is complete. To prevent this, your doctor will advise on the correct type and use of a post-treatment retainer. It's important that you follow this advice.
- ▶ Your teeth may need some recontouring or reshaping to allow for tooth movement.
- ▶ You may experience some tenderness and/or soreness when switching to the next aligner in the series.
- ▶ Tooth decay and other dental problems may arise if you don't brush and floss your teeth correctly during treatment, or consume sugary food and drinks prior to wearing your aligners.

- ▶ Your speech may be temporarily affected by the aligners, though any impediment is likely to be minor and should disappear a week or two after treatment.
- ▶ The roots of the teeth may be shortened during treatment, which can affect the useful life of the teeth. In addition, the health of the bones and gums supporting the teeth may be affected. Although rare, some patients may also experience jaw problems, resulting in joint pain, ear problems or headaches.
- ▶ Teeth that have been significantly restored or traumatised in the past may be aggravated. In some cases, these teeth may need additional treatment or replacement. Crowns may become dislodged and need re-cementing or in some cases, replacing. Short clinical crowns can affect tooth movement.
- ▶ Allergic reactions can occur. Medical conditions and the use of medication can affect your treatment.
- ▶ Aligners are more prone to breakage if the patient has multiple missing teeth.
- ▶ Orthodontic appliances (or any small parts) can be dangerous if accidentally swallowed or aspirated.

Your consent

I have been given enough time to read the preceding information regarding Clear Aligner treatment and I've had the opportunity to ask questions and discuss any concerns with my doctor. I understand the procedures and risks involved in my treatment. No assurances or guarantees regarding the outcome of my treatment have been made to me by my doctor, CA laboratories, or any of its representatives. I understand that because orthodontics is not an exact science, it is impossible to guarantee the outcome of my treatment.

Signature: _____

Print name: _____

Date: _____

Address: _____

City: _____

Postcode: _____

Witnessed by (signature): _____

Witnessed by (print name): _____

Signature of parent/guardian (if patient is under 18 years): _____