

Informed Consent

Patient Risks and Limitations of Orthodontic Treatment



Results of Treatment

Successful Sun Clear Aligner treatment is a partnership between the dentist and the patient. The doctor and staff are dedicated to achieving the best possible result for each patient. As a general rule, informed and cooperative patients can achieve positive results. We intend to do everything possible to achieve the best results for every patient. The success of treatment depends on your cooperation in keeping appointments, maintaining good oral hygiene, avoiding loose or broken aligners and following the dentist's instructions carefully. The dentist will listen to your list of concerns and do a comprehensive exam to determine the degree of difficulty minor, moderate, or severe. With this information, a treatment plan for Sun Clear Aligners will be established.

Length of Treatment

The length of clear aligner treatment depends on the number of issues the patient wants to address. The patient's growth and the level of patient cooperation also determine time of treatment. The expected time of treatment is usually 22 hours of wear per day, only removing for brushing, flossing and eating. The average length of time for minor cases is 10-12 months, but treatment may be lengthened if, for example, unanticipated growth occurs, if there are habits affecting the dental-facial structures, if periodontal or other dental problems occur, or if patient cooperation is not adequate. If treatment time is extended beyond the original estimate, additional fees may be assessed. And you may need to be referred to a Dental Orthodontist, if you are determined to have a severe case movement issue.

Discomfort

The mouth is very sensitive so you can expect an adjustment period and some discomfort due to the introduction of Clear Aligner appliances. Nonprescription pain medication can be used during this adjustment period.

Relapse

Completed clear aligner treatment does not guarantee perfectly straight teeth for the rest of your life. Retainers will be required to keep your teeth in their new positions as a result of your clear aligner treatment. You must wear your retainers as instructed 22 hours each day or teeth may shift, in addition to other adverse effects. Regular retainer wear is often necessary for several years following clear aligner treatment.

However, changes after that time can occur due to natural causes, including habits such as tongue thrusting, mouth breathing, and growth and maturation that continue throughout life. Later in life, most people will see their teeth shift. Minor irregularities, particularly in the lower front teeth, may have to be accepted. Some changes may require additional aligner treatment or the use of orthodontic bands made by an Orthodontist. Some situations may require non-removable dental work made by your dentist.

Extractions

Some cases will require the removal of teeth. The removals can be done before, after or during clear aligner wear. Your dentist will discuss this and how it fits into your specific treatment.

Decalcification and Dental Caries

Excellent oral hygiene is essential during clear aligner treatment as are regular visits to your dental hygienist. Inadequate or improper hygiene could result in cavities, discolored teeth, periodontal disease and/or decalcification. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing clear aligners 22 hours per day. These problems may be aggravated if the patient has not had the benefit of fluoridated water or its substitute, or if the patient consumes sweetened beverages or foods. We have products for you to use that may help mitigate these issues.

Root Resorption

The roots of some patients' teeth become shorter (resorption) during orthodontic treatment, but this is very rare during clear aligner treatment. It is not known exactly what causes root resorption nor is it possible to predict which patients will experience it. If resorption is detected during treatment, your dentist may recommend a pause in treatment or the removal of the aligner prior to the completion. At that time, you and the dentist will evaluate your results and be referred to a Orthodontist for consultation.

Nerve Damage

A tooth that has been traumatized by an accident or deep decay may have experienced damage to the nerve of the tooth. Clear aligner tooth movement may, in rare cases, aggravate this condition. In some cases, root canal treatment may be necessary. In severe cases, the tooth may be lost.

Periodontal Disease

Periodontal (gum and bone) disease can develop or worsen during orthodontic treatment due to many factors, but most often due to the lack of adequate oral hygiene. You must have your dentist, dental hygienist or if indicated, a periodontist monitor your periodontal health during aligner treatment every three to six months, as necessary.

Injury with Clear Aligner Appliances

Activities or foods which could damage, loosen or dislodge the aligner need to be avoided. Loosened or damaged attachment buttons can be inhaled or swallowed or could cause trauma to the adjacent tissues. You should inform your dentist of any unusual symptoms or of loose or broken appliances as soon as they are noticed. Damage to the enamel of a tooth or to a restoration (crown, bonding, veneer, etc.) is possible when aligners and buttons are removed. If damage to a tooth or restoration occurs, restoration of the involved tooth/teeth by your dentist may be necessary.

Temporomandibular (Jaw) Joint Dysfunction

Problems may occur in the jaw joints, i.e., temporomandibular joints (TMJ), causing pain, headaches or ear problems. Many factors can affect the health of the jaw joints, including past trauma (blows to the head or face), arthritis, hereditary tendency to jaw joint problems, excessive tooth grinding or clenching, poorly balanced bite, and many medical conditions. Jaw joint problems may occur with or without clear aligner treatment. Any jaw joint symptoms, including pain, jaw popping or difficulty opening or closing, should be promptly reported to the dentist. Treatment by other medical or dental specialists may be necessary.

Impacted, Ankylosed, Unerupted Teeth

You may have teeth that are impacted (trapped below the bone or gums), ankylosed (fused to the bone) or that fail to erupt. Often, these conditions occur for no apparent reason and generally cannot be anticipated. Treatment of these conditions depends on the particular circumstance and the overall importance of the involved tooth. It may require additional dental care. Your dentist will discuss the alternative treatments needed.

Occlusal Adjustment

You can expect minimal imperfections in the way your teeth meet following the end of treatment. An occlusal equilibration procedure may be necessary, which is a grinding method used to fine-tune the occlusion. It may also be necessary to remove a small amount of enamel in between the teeth, thereby "flattening" surfaces in order to reduce the possibility of a relapse.

Non-Ideal Results

Due to the wide variation in the size and shape of the teeth, missing teeth, etc., achievement of an ideal result (for example, complete closure of a space) may not be possible. Restorative dental treatment, such as esthetic bonding, crowns or bridges or periodontal therapy, may be indicated. You are encouraged to ask your dentist about care for these situations.

Third Molars

As third molars (wisdom teeth) develop, your teeth may change alignment. Your dentist will monitor them in order to determine when and if the third molars need to be removed.

Allergies

Occasionally, patients can be allergic to some of the component materials of their clear aligners. This may require a change in treatment plan or discontinuance of treatment prior to completion. Although very uncommon, medical management of dental material allergies may be necessary.

General Health Problems

General health problems such as bone, blood or endocrine disorders, and many prescription and non-prescription drugs (including bisphosphonates) can affect your clear aligner treatment. It is imperative that you inform your dentist of any changes in your general health status.

Use of Tobacco Products

Smoking or chewing tobacco has been shown to increase the risk of gum disease. Tobacco users are also more prone to oral cancer, gum recession, and delayed tooth movement during aligner treatment. If you use tobacco, you must carefully consider the possibility of a longer and/or compromised treatment.

Temporary Anchorage Devices

Your treatment may include the use of attachment buttons. The specific risk associated with them is accidental swallowing. If the device cannot be stabilized for an adequate length of time, an alternate treatment plan may be necessary. It is possible that the tissue around the device could become inflamed or infected, or the soft tissue could grow over the device, which could also require its removal, surgical excision of the tissue and/or the use of antibiotics or antimicrobial rinses. It is very rare but some patients need local anesthetics when these attachment buttons are placed or removed, which also has risks. Please advise the doctor placing the device if you have had any difficulties with dental anesthetics in the past.

Acknowledgement

I hereby acknowledge that I have read and fully understand the treatment considerations and risks presented in this form. I also understand that there may be other problems that occur less frequently than those presented, and that actual results may differ from the anticipated results. I also acknowledge that I have discussed this form with the undersigned dentist and have been given the opportunity to ask any questions. I have been asked to make a choice about my treatment. I hereby consent to the treatment proposed and authorize the dentist indicated below to provide the treatment.

I also authorize the dentist to provide my health care information to my other health care providers. I understand that my treatment fee covers only treatment provided by the dentist for the Clear Aligners and that treatment provided by other professionals is not included in the fee for my clear aligner treatment.

Consent to Undergo Sun Clear Aligner Treatment

I hereby consent to the making of diagnostic records, including x-rays, before, during and following clear aligner treatment, and to the above doctor and, where appropriate, staff providing aligner treatment prescribed by the above doctor for the above individual. I fully understand all of the risks associated with the treatment.

Authorization for Release of Patient Information

I hereby authorize the above doctor to provide other health care providers with information regarding my clear aligner care as deemed appropriate. I understand that once released, the above doctor and staff have no responsibility for any further release by the individual receiving this information.

Consent to Use Of Records

I hereby give my permission for the use of orthodontic records, including photographs, made in the process of examinations, treatment, and retention for purposes of professional consultations.

Refunds and Payments

Due to the customization of clear aligners, full payment is required at the time of impression. No refunds for clear aligners are provided once the aligners have been produced.

Signature of Patient/Parent/Guardian

Date

Signature of Dentist

Date

Witness

Date

Office location Name