



INFORMATION ABOUT ORTHODONTICAL TREATMENT WITH ALIGNERS AND THE CONDITIONS OF THE TREATMENT

Information provided below is about the orthodontic treatment with aligners (thereafter – Treatment with clear aligners) and the conditions of treatment. Please read carefully.

Why were you recommended Treatment with clear aligners?

- The position of your teeth / bite, in comparison with orthognathic / correct bite and teeth position has changed, however, the position of the teeth and bite can be corrected with clear aligners.
- Treatment with clear aligners is used for straightening teeth, to change the bite by using clear sets of aligners.

The order of Treatment with clear aligners

- Prior to commencing Treatment with clear aligners your orthodontist will:
 - take silicon/polyether or digital imprints of your teeth,
 - will make a panoramic X-ray,
 - based on the indications – lateral head / cephalometric radiograph or computer tomography scan;
 - will take the essential images of your facial projection:
 - Frontal face;
 - Frontal smile;
 - Smile with slightly opened mouth;
 - Profile;
 - Profile smile;
 - Frontal image of bite;
 - Frontal image of slightly opened mouth;
 - Bite on the right-hand-side;
 - Bite on the left-hand-side;
 - Occlusive image of the upper dental arch;
 - Occlusive image of the lower dental arch / present situation of the smile;
- Your orthodontist will plan your treatment which will provide the following:
 - The number of clear aligners needed;
 - The contact area of embrasure space;
 - The number of additional measures;
 - The preliminary price and length of the Treatment with clear aligners.
- Once you agree to the treatment plan, the orthodontist will provide their services according to the patient's treatment plan, will provide you with the clear aligners and teach you on how to use them and wear them.
- You will need to come for periodic assessment as stated in the treatment plan, during which the imprints of your teeth will be taken, radiograph images will be taken as well as images of essential facial projections.





- If the need arises, the orthodontist may suggest changes to the Your treatment plan.

Potential complications

- During Treatment with clear aligners there is potential for the same complications as with standard braces. Most frequent complications and remote complications (complications which manifest a few years after the end of the treatment) are as follows:
 - Gum recession (withdrawal of gums);
 - Tooth root resorption;
 - Sensitivity of the teeth;
 - Damage to tooth enamel;
 - Oral mucosal wounds;
 - Marginal bone defects;
 - Gum inflammation;
 - Exacerbation of periodontal disease;
 - Exacerbation of apical periodontitis in endodontically treated teeth;
 - Pulpitis;
 - Exacerbation of pathology of the temporomandibular joint.
 - Sometimes due to unforeseen or abnormal growth of the jaw it may not be possible to achieve the intended correction of the teeth position and / or bite.
 - Depending on the individual characteristics of the body ,other complications may occur, however, the likelihood of their occurrence is very low.

Additional warnings and cautions about Treatment with clear aligners

- Treatment with clear aligners will demand Your discipline / full collaboration and will only work while wearing the clear aligners 22 hours per day;
- You will need to change the aligners based on your orthodontist's instructions, usually every 10-14 days;
- At the beginning of wearing the new set of the aligners there is a possibility of tooth sensitivity and discomfort;
- Prior to treatment and / or during the treatment temporary attachments will be made on your teeth, from a material made to match your tooth colour. You will need to check whether the attachments have not come off of the tooth, and if you notice an attachment that has fallen off you will need to get in touch with your orthodontist immediately;
- Any other treatment to your teeth, including fillings, has to be done prior to planning your Treatment with clear aligners;
- It is forbidden to wear the aligners whilst eating, and you are allowed to drink only cool water with aligners still on;
- You are not allowed to chew gum whilst using aligners;
- You are not allowed to consume hot beverages with the aligners on or to wash them with hot water as they may change shape;
- It is unadvisable to smoke whilst wearing the aligners as they may change their colour and elasticity;
- You must brush your teeth after every meal or snack;





- The aligners must be washed under cool water with toothpaste and toothbrush;
- Some edges of the aligners may be rough due to the manufacture process. If you have noticed this, please get in touch with your orthodontist immediately;
- If you do not wear your aligners they will no longer fit, and you may need to change them (manufacture new ones). In such instances manufacture of the new aligners will incur an additional cost;
- If you lose the aligner, the manufacture of the identical one will also incur an additional cost.
- Restorations made on implants or teeth may need to be changed after Treatment with clear aligners due to the changed position of the teeth;
- Other additional devices may have to be used during treatment: orthodontic elastic bands, braces, orthodontic implants;
- During treatment the treatment plan may need to be adjusted, and at the end of the treatment additional aligners may be required to adjust and complete the treatment;
- A support aligner will be required for nightly use, not using it may lead to teeth returning to their prior position;
- Visualisation provided is only the preliminary simulation of the teeth movement, which may differ in reality.

Other alternatives

- Other orthodontic treatment alternatives which can be implemented are: use of braces (metal, ceramic, tongue etc.). Your doctor will provide additional information about the potential treatment with brace systems and their main differences to treatment with clear aligners.

The cost of treatment and payment for the treatment

- The cost of the Treatment with clear aligners is provided in the clinic price list, which is publicised at the clinic's waiting room and on our website.
- The prices provided in the price list are only preliminary. Individual cost, applicable for each patient will depend on the situation of their teeth / bite, required visits frequency and additional treatment / services needed, therefore the cost can truly be established after full diagnostics have been completed and the treatment plan was prepared.
- You will need to pay the sum provided in the price list for the primary consultation, full diagnostics and preparation of treatment plan.
- The precise cost of the treatment will be established by clinic. The primary payment is non-returnable and will be included 100% into the losses of clinic if you will not arrive at the agreed time to collect your aligners or if you will refuse treatment with the aligners.
- Due to anatomical specifics, which cannot be foreseen at the beginning of the treatment, the treatment plan may need to be adjusted during treatment, which may require additional orthodontic devices (i.e. braces, orthodontic implants). This will incur an additional cost.





Your rights

- Your rights as a patient and their provision are provided in clinic internal rules, which are published on clinic website.

CONSENT FOR ORTHODONTIC TREATMENT WITH ALIGNERS

I, _____
(patient's name, surname)

by signing below confirm that:

1. I have read and understood the above provided information about the orthodontic treatment with aligners and the conditions of the treatment with aligners.
2. I understand that this treatment demands discipline / full collaboration on my behalf and only works if I wear the clear aligners for 22 hours per day.
3. The doctor has explained to me clearly about the fundamentals of the planned treatment, its nature, specifics, purpose, known and potential complications, the essentials of alternative methods of treatment as well as their purpose, specifics and risks, as well as consequences that may occur if treatment is not implemented.
4. I was explained that upon evaluated my health conditions, these potential complications may occur:

_____.

5. It was explained to me in a clear manner what is the reduction of contact area of embrasure space and that after it the shape of my teeth and their aesthetic appearance will change, which may demand aesthetic fillings and / or prosthetics.
6. It was explained to me in a clear manner, that after treatment I will have to wear the supporting aligner at night.
7. I had the opportunity to ask questions and was provided with answers.

Having evaluated all of the information received, I consent to receive the orthodontic treatment with aligners. I consent to receive the reduction of contact area of embrasure (polishing), attachments from tooth coloured composites.

(patient's name, surname, signature)

(date)

