

MEMORYALIGNER

Powered by Graphy

Patient Consent Form

Date :- _____

Patient Name: _____ Date of Birth: _____

GUARDIAN INFORMATION IF PATIENT IS MINOR

Guardian name :- _____

Relationship with the patient :- _____

Contact No. :- _____

Introduction:

You are considering receiving MEMORYALIGNER (direct printed orthodontic aligners with shape memory) as part of your orthodontic treatment. These aligners are custom-made and involve the use of special resin materials (manufactured by Graphy). It is essential for you to understand the potential risks and benefits associated with this treatment. This document aims to provide you with the necessary information to make an informed decision.

Purpose of Orthodontic Aligners:

Orthodontic aligners are designed to gradually straighten your teeth, improve your bite, and enhance your overall oral health.

Treatment Process:

1. **Wearing Schedule:** You will be provided with a series of aligners to be worn for a specified duration, typically 22 hours a day. You will progress to the next set of aligners as instructed by your dentist/orthodontist (usually every 7 days).
2. **Attachments** may be placed on the outside of some of your teeth. The attachments are made of tooth coloured "white" filling material. These may be noticeable when you smile and can stain over time. The attachments are removed when your orthodontic treatment is

completed. The position and number of attachments required may differ from one case to another.

3. **Shaving/sanding**, known as IPR (Inter Proximal Reduction), is usually required between some of your teeth to create the necessary space for them to move. This procedure is done by using fine burs and abrasive metal strips (similar to “sandpaper”).
4. **Resin Material**: The aligners are made from a special resin, having necessary certificates and approvals to be used for this specific treatment. This resin contains various materials, including polymers and additives, to achieve the desired properties and advantages demonstrated to you.

Potential Risks and Dangers:

1. ***Allergic Reactions:** Although rare, some individuals may develop allergies or sensitivities to the materials used in the aligners. This can result in symptoms such as irritation, itching, or swelling of the gums, tongue, or lips. If you experience any unusual or severe reactions, it is advised to discontinue wear of aligners immediately, take anti-allergy medications which will be prescribed to you on your first appointment and contact your physician immediately for further control and treatment of allergic reactions. Keep your orthodontist informed about the allergic reaction and discontinuation of aligners
2. ***Discomfort:** You may experience some discomfort or soreness when wearing aligners, especially during the initial days of each new set. This discomfort is usually temporary and can be managed with over-the-counter pain relief medication.
3. ***Oral Hygiene:** Maintaining proper oral hygiene is essential during orthodontic treatment. Failure to do so can lead to issues such as tooth decay and gum disease.
4. ***Treatment Outcomes:** The success of your orthodontic treatment depends on factors such as compliance with wearing instructions and attending regular follow-up appointments. Results may vary from patient to patient.
5. ***Temporo mandibular joint disorder (TMD):** People with TMD before starting orthodontic treatment, might end up with more dysfunction of the jaw joint.
6. ***Ankylosis:** A tooth can lose the ligament that attaches the root of the tooth to the bone, this is called ankylosis. When this occurs the tooth cannot be moved. This ankylosis can even occur during tooth movement, and is not caused by your orthodontic treatment. Any ankylosed tooth must remain in position or be extracted as part of the treatment.
7. ***Loss of root structure:** Any orthodontic treatment can potentially result in the loss of root structure and/or the supporting bone and gums.
8. ***Inter Proximal Reduction (IPR):** Space must be present for the aligners to correctly position each tooth. This space may be obtained by reducing a small amount of tooth structure, known as IPR (Inter Proximal Reduction), on various teeth. This space may also be obtained by “expanding” the size of the dental arches. Sometimes it is best to extract teeth to create this space. Your dentist will explain the treatment options available to you.
9. ***Relapse:** Teeth can move and your bite can change following orthodontic treatment. You must follow your dentist’s instructions for retention to prevent this unwanted dental relapse. Risk of relapse may be higher in complex cases. After completed orthodontic treatment, retainers are

needed to prevent the teeth from “moving back”. The retainers should be worn for 22 hours a day for the first 6 months after completed orthodontic treatment. Then only at night time (when sleeping) after this period.

10. *Black triangles.* You might end up with small gaps (“black triangles”) between the teeth near the gum line as a result of the teeth straightening. This can be improved if wanted by means of composite bonding after completed treatment, at an additional cost.

11. *Speech problems.* The aligners can have a mild effect on speech, which usually improves over time.

Benefits.

- Improved alignment and aesthetics of your teeth.
- Enhanced oral function and comfort.
- Reduced risk of dental issues related to misalignment.

Alternatives.

The dentist/orthodontist has discussed alternative treatment options, such as traditional braces and thermoformed aligners. The dentist/orthodontist, the patient and patient’s guardians (for minor patients) have agreed and consented on the use of direct printed aligners for the treatment.

Consent.

I have read and understood the information provided in this document regarding the potential risks and benefits of direct printed orthodontic aligners. I have had the opportunity to ask questions and have received satisfactory answers to my inquiries. I hereby consent to undergo orthodontic treatment with direct printed aligners, understanding that no guarantees have been made regarding the outcome of treatment.

Patient's/ Guardian’s Signature: _____ *Date:* _____

Dentist/Orthodontist's Signature: _____ *Date:* _____

By signing this document, you acknowledge that you have been informed about the potential risks and benefits of orthodontic aligner treatment, including the rare possibility of allergic reactions and discomfort associated with the materials used. You agree to comply with the treatment plan and follow your dentist/orthodontist's instructions for the best possible outcome.

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