

Inman Aligner Patient Information And Consent form



The following information is routinely supplied to anyone considering treatment with the Inman Aligner. While recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that Inman Aligner treatment, like any treatment of the body, has some inherent risks and limitations. These are seldom enough to contra-indicate treatment, but should be considered in making a decision to start treatment.

Please feel free to ask any questions before, during and after the treatment.

Your responsibilities:

- It is your responsibility to follow the brushing and oral hygiene instructions that are given to you, to help prevent harm to the teeth and surrounding tissues.
- You must not eat whilst wearing the Inman Aligner, in order to keep from damaging the teeth, the Inman Aligner and retainers. This will enable the treatment time will be as short as possible and us to achieve the best results.
- Please be aware that there will be additional charges for replacement of appliances (such as retainers or braces) that are lost or damaged due to repeated patient neglect, or any excessive extension of treatment due to lack of patient co-operation. 100% patient co-operation is very important.
- If you don't wear the aligner it will prolong treatment time and will not work.

- 1) Termination of treatment:-** It is understood that treatment can be terminated for failure to cooperate, missing appointments, not wearing appliances, excessive breakage, failure to keep financial commitments, relocation, personal conflicts or for any other reason the doctor feels necessary. If termination is necessary, the patient will be given ample time to locate another dentist to continue treatment.
- 2) Gum tissues, cheeks and tongue:-** The bone-gum relationship around teeth is always dependent upon whether there is enough **bone to support** the gum tissue properly. Many times when very crowded teeth are straightened there is a lack of bone and supporting gum tissues surrounding the teeth. Therefore, the gum tissue contour (shape) and support may not be adequate and require periodontal intervention. You may experience some irritation to the gums, cheeks and tongue during treatment. We will do our best to make your treatment as comfortable as we can for you, however it can take up to 2 weeks before you get used to the appliance.
- 3) Oral hygiene:-** Decalcification (permanent markings), **decay, or gum disease** can occur if patients do not brush their teeth effectively during treatment period. Although this is much **less prevalent with removable orthodontics** like the Inman Aligner, excellent oral hygiene and plaque removal is a must.

- 4) **A non-vital or dead tooth is a possibility:-** A tooth that has been traumatized from a deep filling or even a minor blow can die over a long period of time with or without orthodontic treatment. An undetected non-vital tooth may flare up during movement, requiring endodontic (root canal) treatment to maintain it. We shall take x-rays of any teeth that are being moved to assess the vitality before treatment.
- 5) **Root resorption:-** In some cases, the **root ends** of the teeth are **shortened** during treatment. This is called root resorption. Under healthy circumstances the shortened roots are no disadvantage. However, in the event of gum disease in later life the root resorption may reduce the longevity of the affected teeth. It should be noted that **not all** root resorption arises from orthodontic treatment. Trauma, cuts, impaction, endocrine disorders, unknown causes can also cause root resorption.
- 6) **Growth issues:-** Occasionally a person who has grown normally and in average proportions may not continue to do so. If growth becomes disproportionate, the jaw relation can be affected and original treatment objectives may have to be compromised. Skeletal growth disharmony is a biologic process beyond the dentists control. Some patients will require oral surgery to obtain a reasonable treatment result to complete their case. Most patients we can inform ahead of time prior to starting any treatment that this is necessary and you will be referred to an orthodontist for comprehensive orthodontic treatment.
- 7) **Speech:-** Your speech will be affected for up to 2 weeks as you get used to the appliance being in the mouth. We advise you to read out aloud for 1 hour a day for the first week, so you get used to speaking with the Inman aligner a lot sooner.
- 8) **Treatment time:-** The total time for treatment can be delayed beyond our estimate. Lack of **co-operation, broken appliances and missed appointments** are all important factors that could lengthen treatment time and affect the quality of the result.
- 9) **TMJ:-** There is a risk that problems may occur in the temporomandibular joints (**Jaw joints**). Although **this is rare**, it is a possibility. Tooth alignment or bite correction sometimes can improve tooth related causes of TMJ pain, but this is not in all cases. Tension appears to play a role in the frequency and severity of joint pains, and there are many other causes of TMJ dysfunction.
- 10) **Very unusual occurrences:-** Swallowed appliances, chipped teeth, dislodged restorations and allergies to latex or nickel **rarely occur but are possible**.
- 11) **Black triangles, uneven edges, IPR and buttons:-** After having moved the teeth or during treatment black triangles can form between teeth. We will aim to reduce the chance of this happening by **selective proximal reduction** (slenderizing); however the teeth may need further bonding to minimize the black triangles after alignment. The edges of the teeth may also require bonding to make them all even. Small buttons (**white filling material**) will be added to the teeth to ensure that the Inman aligner is seated properly and moving the teeth as required. In order to make space to move teeth, we will use a technique called

interproximal reduction, by where the sides of the teeth are smoothed just enough to make the right amount of space. No teeth will be required to be taken out with the Inman Aligner.

12) Implants:- If you have implants (teeth that are screwed in to the bone) the Inman Aligner will **not** move these. Please let your dentist know if you have any of these before treatment is embarked upon.

13) Expectations:- All patients **can expect improvement** with their particular problem, but, in many cases, absolute perfection is impossible due to lack of muscle balance, tooth shapes and sizes and varying degrees of co-operation during treatment, along with heredity aspects that affects everyone's specific treatment results.

14) Cost:- The patient will be kept **up to date** and be told before the treatment begins the estimated cost of the whole procedure. During any treatment plan, it is always possible to change however, the **patient will be kept fully informed** and no extra charges will be added without them knowing.

15) Relapse:- Teeth have a tendency to **return to their original position** after orthodontic treatment. This is called relapse. Very severe problems have a higher tendency to relapse and the most common area for relapse is the lower front teeth. After removal, a wire or retainers are placed to minimize relapse. Full co-operation in wearing these appliances is vital. We will make our correction to the highest standards and in many cases over correct in order to accommodate the rebound tendencies. When retention is discontinued relapse is highly likely therefore, the patient must be very compliant with the retention regime.

Records: I consent to the taking of photographs, study models and x-rays before, during and after orthodontic treatment to assist in the planning and progress treatment objectives. I also consent for the photos not/to be used (delete as appropriate) for educational or promotional purposes.

I confirm that I have read or had read to me the contents of this form and do realise the risks and limitations involved, and consent to Inman Aligner treatment.

Consent: I understand the treatment with an Inman Aligner may be compromise and not fully comprehensive orthodontics. I certify that my dentist has offered me the option to see an orthodontist to have fully comprehensive orthodontic treatment and all other alternatives explained. I have also been given the opportunity to ask any questions.

Signed (Patient) Print Name Date

Signed (Dentist) Print Name Date