

CLEAR ALIGNER CONSENT DOCUMENT

GENERAL INFORMATION ABOUT ORTHODONTIC TREATMENTS

Successful orthodontic treatment is only possible if the patient/caregiver is informed about the treatment. However, every orthodontic treatment has its limits and possible risks. Please read the following information. You are free to accept or refuse orthodontic treatment based on this information. If there is anything you do not understand or have any questions, please ask your doctor.

- Orthodontic treatment is a long-term treatment that requires discipline. Patient-physician-family cooperation is necessary for a good result.
- X-rays of the teeth and head should be taken for diagnostic purposes at the beginning of treatment, during treatment and after treatment - for control purposes - in order to examine the teeth and surrounding tissues in detail. It is also necessary to take photographs from inside and outside the mouth before and during treatment in order to monitor the treatment process more clearly. In the diagnosis and treatment of some orthodontic anomalies, advanced tests are inevitable.
- These records may be used in scientific publications and in-patient presentations without identifying and/or revealing your identity. Apart from these purposes, these records will not be used and will not be shared with others except as requested by legal authorities.
- The patient must follow the treatment prescribed by the physician to the end and completely. In case of non-compliance due to lack of cooperation of the patient/family and if this is persistent, the physician has the right to terminate the treatment when he/she decides that the patient will not benefit from the treatment.
- The individual response of the patient's tissues to the treatment is an important factor in the outcome of orthodontic treatment. Especially in "skeletal anomalies" involving the bone, the targeted structuring may not be realized if the necessary growth support cannot be obtained in individuals of developmental age. In this case, the physician may terminate the treatment in order not to harm the individual.
- The presence of any systemic disease related to the general health status of the patient (blood diseases, bone diseases, hormonal disorders, allergic diseases, etc.) may affect orthodontic treatment. The patient is required to inform the orthodontic physician of these and similar diseases before starting orthodontic treatment and of any changes in the patient's health status/treatment-related changes during treatment.
- In order to correct the defects in your teeth, jaw and facial structures within biological limits, you should come to control appointments at intervals determined by your doctor according to the type of treatment applied.
- Orthodontic treatment is not just the alignment of teeth for aesthetic purposes. The main goal is to achieve a good chewing function as well as a healthy mouth, teeth and jaw structure that looks good.
- Orthodontic treatment is applied to healthy teeth. Before starting the treatment, all teeth should be examined by a dentist, decayed teeth should be treated, if any, canal treatment should be performed on the necessary teeth, and tooth brushing training should be given. Treatment of patients who do not brush their teeth sufficiently is not started. Orthodontic treatment is started after the patient's oral care is improved and the necessary treatments are performed.
- Orthodontic treatment consists of two successive stages: active treatment and reinforcement treatment. With active treatment, defects in the teeth and jaws are corrected. Reinforcement treatment ensures that the improvement is permanent. The treatment fees you are told cover both stages. The duration of these stages may vary according to the severity of the disorder in each person.
- Even if the treatment is planned and performed in accordance with all the rules, it cannot be guaranteed to achieve all the results. Because, the limits of the selected treatment, problems in patient-physician-family cooperation and some patient-specific factors (for example: genetic structure, growth-development factors that cannot be predicted during treatment, the response of oral and dental tissues to orthodontic treatment, bad habits such as teeth clenching, teeth grinding, etc.) make it impossible to guarantee the results.

Following the end of orthodontic treatment, the bite of the teeth can be negatively affected in various situations in the following periods. Examples of these situations include genetic influences that determine the size of the teeth, jaws and tongue, growth or developmental changes, mouth breathing, tongue thrust, continuation of oral habits such as finger sucking, inappropriate extraction pressure of wisdom teeth. These are conditions that may develop beyond the control of the orthodontist and may require additional treatments.

GENERAL INFORMATION ABOUT TRANSPARENT RECORDS

Your doctor has recommended the Clear Aligner System for your orthodontic treatment. Although orthodontic treatment can provide a healthier and more attractive smile, you should be aware that any orthodontic treatment (including orthodontic treatment with clear aligners) has limitations and potential risks that you should consider before starting treatment.

Transparent aligners consist of clear, plastic removable tools that move your teeth in small increments.

The clear aligner systems product combines your doctor's diagnosis and prescription with advanced computer graphics technology to develop a treatment plan that determines the desired movements of your teeth throughout your treatment.

Upon approval of a treatment plan developed by your doctor, a series of transparent aligners are produced specifically for your treatment. A routine pre-orthodontic examination, including radiographs (x-rays) and photographs, can be performed. Your doctor will take measurements or intraoral scans of your teeth and send them along with a prescription to the company of the clear aligner system to be applied. Technicians from this company will use your doctor's prescription to create a virtual software model of your prescribed treatment. Upon approval of the treatment plan by your doctor, the company will produce a set of customized aligners and send them to your doctor. The total number of aligners varies depending on the complexity of the malocclusion and the doctor's treatment plan. The aligners will be individually numbered and applied to you by your doctor according to specific instructions for use. Unless otherwise directed by your doctor, you should wear your aligners for about 20 to 22 hours a day and remove them only for eating, brushing and flossing. You will move to the next aligner in the series every two weeks or as directed by your doctor. The duration of treatment varies depending on the complexity of your doctor's prescription. Unless otherwise indicated, you should see your doctor at least every 6-8 weeks.

Some patients may require the use of aesthetic attachments and/or elastics during treatment to facilitate certain orthodontic movements. Patients may need to undergo additional measurements or intraoral scans and/or use developmental aligners after the first set of aligners.

ADVANTAGES OF TRANSPARENT VINYL RECORDS

- Clear aligners offer an aesthetic alternative to traditional braces.
- The aligners are almost invisible, so most people do not realize you are in treatment.
- Treatment plans can be visualized with digital software.
- Aligners allow for normal brushing and flossing, which is often disrupted with traditional braces.
- Aligners do not contain metal wires or brackets associated with traditional braces.
- Wearing aligners can improve oral hygiene habits during treatment.
- Invisalign patients may notice improved periodontal (gum) health during treatment.

RISKS AND CHALLENGES OF TRANSPARENT PLAQUES

As with other orthodontic treatments, the use of Invisalign products may involve some risks, which are summarized below:

Failure to wear the appliances for the prescribed number of hours per day, failure to use the product according to your doctor's instructions, missed appointments and teething or atypically shaped teeth can prolong treatment time and affect the achievement of desired results.

Teeth sensitivity may be experienced after moving to the next aligner in the series. Gums, cheeks and lips may become scratched or irritated; teeth may shift position after treatment. Regular wearing of retainers at the end of treatment will reduce this tendency.



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Tooth decay, periodontal disease, gum inflammation or permanent scarring (e.g. decalcification) may occur if patients consume foods or beverages containing sugar, do not brush and floss properly before wearing Invisalign products, or do not use proper oral hygiene and preventive care; Aligners may temporarily affect speech and cause a lisp, but any speech impediment from Invisalign® will disappear within a week or two;
Aligners can cause a temporary increase in salivation or dry mouth, and some medicines can increase this effect;
Attachments are tooth-colored "buttons" that can be temporarily attached to one or more teeth during treatment to facilitate tooth movement and/or instrument storage. The use of attachments can make it more noticeable that you are being treated. Attachments will be removed after treatment is completed;
Attachments may fall off and need to be replaced.
Interproximal reshaping or thinning may be required to create the space needed for tooth alignment to take place; the closure may change over the course of treatment and cause temporary patient discomfort.
In rare cases, slight superficial wear of the aligner may occur in areas where patients may grind their teeth or where teeth are likely to rub, and is usually not a problem as the overall alignment integrity and strength remains intact.
At the end of orthodontic treatment, it may be necessary to adjust the bite ("occlusal adjustment").
Atypically shaped, protruding and/or missing teeth can affect the aligner adjustment and affect the achievement of the desired results;
Severe open bite, severe overjet, mixed dentition and/or skeletal narrow jaw treatment may require supportive treatment in addition to alignment therapy.
For more complex treatment plans where aligners alone may not be sufficient to achieve the desired result, supportive orthodontic treatment such as bonded buttons, orthodontic elastics, assistive appliances/dental devices (e.g. temporary anchorage devices, segmented fixed appliances) and/or restorative dental procedures may be required.
After teeth have been aligned, teeth that have overlapped for a long period of time may be missing gum tissue below the interproximal contact, resulting in a "black triangle" area.
Aligners are not effective for the movement of dental implants.
General medical conditions and the use of certain medications can affect orthodontic treatment. The health of the bones and gums that support the teeth can deteriorate or worsen.
Oral surgery may be necessary to correct crowding or severe jaw imbalances found before using clear aligners. If oral surgery is required, the risks associated with anesthesia and proper recovery should be taken into account before treatment.
A previously traumatized or significantly restored tooth may deteriorate. In rare cases, the lifespan of the tooth may be reduced, the tooth may require additional dental treatment such as endodontic and/or anoladitrestorative work, and/or the tooth may be lost;
Existing dental restorations (e.g. crowns) can become dislodged and may require re-cementation or in some cases replacement. Short clinical crowns can cause instrument retention issues and impede tooth movement.
The length of the roots of the teeth can be shortened during orthodontic treatment and may pose a threat to the lifetime of the tooth. In patients with severe crowding and/or multiple tooth loss, product fracture may occur.
Orthodontic appliances or parts may be accidentally swallowed or aspirated.
In rare cases, problems in the jaw joint can cause joint pain, headaches or ear problems. Allergic reactions may occur.
Over-eruption can occur on teeth that are not at least partially covered by the aligner.
In rare cases, patients with hereditary angioedema (HAE), a genetic disorder, may experience rapid local swelling of subcutaneous tissues, including the larynx. HAE can be triggered by mild stimuli, including dental procedures.
I have had sufficient time to read the previous information describing orthodontic treatment with clear aligners and have read this information. I understand the benefits, risks, alternatives and challenges associated with the treatment and that there is an option not to receive treatment at all. I have had the opportunity to ask questions and discuss concerns about orthodontic treatment with Invisalign® products with my doctor and have been adequately informed. I understand that I should only use Invisalign products after consultation and prescription by an Invisalign trained doctor and I hereby consent to orthodontic treatment with clear aligners as prescribed by my doctor.
I acknowledge that because orthodontics is not an exact science, my doctor and the clear aligner system company do not and cannot make any guarantees or warranties regarding the outcome of my treatment. I understand that Align does not provide medical, dental or health care services and cannot practice medicine or dentistry or give medical advice. Neither my doctor nor Align, its representatives, successors, assigns and agents have given me any assurances or guarantees regarding any particular outcome of my treatment.
I understand that Align will receive my medical records ("Medical Records"), including but not limited to radiographs (x-rays), reports, charts, medical history, photographs, findings, dental cast models, dental impressions or intraoral scans, prescriptions, diagnosis, medical tests, test results, invoices and other treatment records in my doctor's possession to the extent necessary for treatment, customer service and billing. I also understand and hereby agree that Align may transfer my medical records to other Align subsidiaries and affiliates outside of Turkey. Align may use this information for training, research and development, as well as for internal training and internal data review and analysis purposes.
I, or anyone acting on my behalf, will not seek legal, equitable or monetary compensation or remedies for such disclosures. I acknowledge that the use of my Medical Records is not an indemnification and that I and no one acting on my behalf shall have any right to seek or obtain any consent, indemnification, or right to seek or obtain legal, equitable or monetary compensation or remedies with respect to any use in accordance with the terms of this Consent.

ORTHODONTIC TREATMENT	HISTORY :
	FULL NAME :
	DATE OF BIRTH :
	GENDER :

ORTHODONTIC DIAGNOSIS

As a result of our clinical and radiological evaluations..... The orthodontic problems we detected in our patients are listed below.
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RECOMMENDED TREATMENT

This one orthodontic problems elimination of for below stated of operations Making is required.
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TREATMENT PROCESS

Our patientThe duration of active orthodontic treatment is as described in detail above, Although it varies from patient to patient, it is estimated to be approximate.
 These periods are valid in cases where the above-mentioned undesirable situations do not arise and the physician-patient harmony is realized in the ideal way mentioned above.
 Some problems may occur during orthodontic treatment:
 a) Orthodontic force applied to the teeth can cause painful tooth sensitivity for a week.
 b) Metal or acrylic brackets in appliances may cause temporary difficulty eating, speaking and swallowing.
 c) Sores may appear on the lips, cheeks and tongue.
 d) Oral care may become difficult.
 e) Resorption of root tips may occur.
 f) Damage to the dental nerve may require root canal treatment.
 g) If the supporting bone tissue around the tooth is too thin, gingival recession may occur due to bone loss.

Teeth that are not adequately brushed during treatment can develop decay, permanent white spots and gingival inflammation. Gingival inflammation leads to red discoloration, bleeding and gingival enlargement over time. For this reason, teeth should be brushed regularly after main and intermediate meals until you are sure that all food residues are removed.
 In order not to damage and break your appliances, you must follow the list of prohibitions given by your physician until the end of the treatment.

Special Cases You can reach Süleyman Demirel University Faculty of Dentistry doctors by phone at 0246 211 3353 or by visiting them.

PATIENT'S DECLARATION

I/ My son/daughter whose parent/guardian/guardian I am(for),
 Dr.....

I was informed about the existing problems in the mouth and teeth related to the orthodontic treatment recommended in the clinic, why the treatment is needed, the changes that may occur during and after orthodontic treatment and possible problems that may be encountered, and I read them from the form.
 I was given enough time and opportunity to ask questions after reading the form about everything I wanted to know and learn about the procedures and orthodontic treatment, and I received satisfactory answers. I accept that the procedures and orthodontic treatment are carried out to improve my oral and dental health and appearance, but that there is a different "best result" for each patient. I was told about the possible developments and risks if I did not want to be treated or if I stopped the treatment after starting treatment.
 I fully understand the orthodontic diagnosis explained to me, the type of orthodontic treatment recommended, the treatment fee for this treatment and the possible risks of orthodontic treatment. I have read all pages of this form and fully understand the issues that I should pay attention to. I accept that the treatment to be applied will be delayed and unsuccessful if I do not follow the rules I have read and explained to me. In case the treatment fails, I will not claim material and moral compensation from my treating doctors, and I accept that my doctor will not have any criminal liability.
 During the dentist's diagnosis and treatment;

Consultation may be requested from other physicians and they may participate in the treatment process, My anamnesis information and radiological images, photographs, examination results (pathology report, laboratory results, etc.) may be used for diagnostic, scientific, educational or research purposes by keeping my identity information confidential, It was explained to me that local anesthesia may be applied as part of these procedures during the diagnostic method, intervention or treatment, and that attending the appointments without interruption and following the recommendations and practices of the physician regarding the treatment may directly affect the treatment results.
 I have read this consent form and have been informed about the above treatment options and their possible risks.

Dear Patient, You have the right to be informed about your health condition and the benefits/harms, risks and alternatives of the proposed diagnostic or therapeutic procedures; to accept or partially/completely reject the treatment; and to stop the procedures at any stage! This document, which we want you to read and understand, has been prepared not to scare you or to keep you away from medical practices, but to inform you, to determine whether you consent to these practices and to obtain your consent. This consent form consists of 3 pages and has been prepared in 2 copies in accordance with Article 70 of the Law No. 1219 and Article 26 of the Turkish Penal Code No. 5237, and one copy has been given to the patient/patient's legal representative.

THE TREATMENT OF MY DISEASE HAS BEEN EXPLAINED TO ME AND I HAVE READ AND UNDERSTOOD THIS FORM. I ACCEPT THE TREATMENT

(Note: This statement will be written below in the patient's/relative's OWN HANDWRITING).

PATIENT/RELATIVE/GUARDIAN

FULL NAME :.....

DATE:.....

CLOCK:.....

SIGNATURE

THE PHYSICIAN PROVIDING THE INFORMATION

FULL NAME:.....

DATE:.....

CLOCK:.....

SIGNATURE/SIGNATURE