

## INVISALIGN INSTRUCTIONS

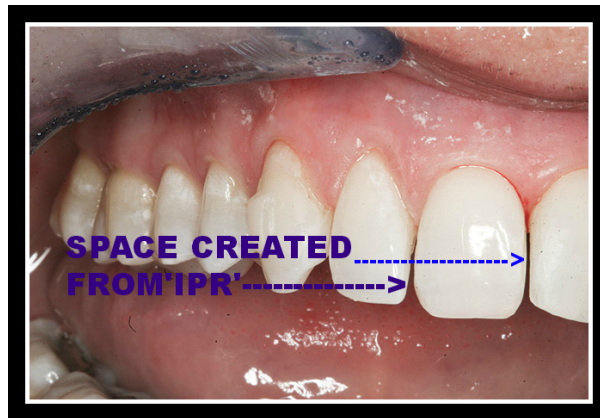
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|--|--|
| <ul style="list-style-type: none"><li>• Should you decide to not attend the surgery every two weeks and insert the new aligners yourself you MUST inform us if they do not fit properly. If you have any queries regarding this please call the surgery.</li></ul> | <p><b>Agree</b> <input type="checkbox"/></p> <p><b>Disagree</b> <input type="checkbox"/></p> |
| <ul style="list-style-type: none"><li>• Aligners MUST be worn at all times. Under no circumstances should you take them out for over 90 minutes at any one time</li></ul>  | <p><b>Agree</b> <input type="checkbox"/></p> <p><b>Disagree</b> <input type="checkbox"/></p> |
| <ul style="list-style-type: none"><li>• Do not drink extremely hot drinks or wash them in hot water as it may warp the aligners.</li></ul>   | <p><b>Agree</b> <input type="checkbox"/></p> <p><b>Disagree</b> <input type="checkbox"/></p> |
| <ul style="list-style-type: none"><li>• Should you loose your aligner i.e No. 10 then wear the previous aligner, No. 9 until the new aligner is ordered for you. Replacement aligners will be an extra £200 each</li></ul>   | <p><b>Agree</b> <input type="checkbox"/></p> <p><b>Disagree</b> <input type="checkbox"/></p> |
| <ul style="list-style-type: none"><li>• If you take it upon yourself to stop treatment for a period that is longer then recommended by your dentist a charge of €300 may occur as new impressions may need to be taken.</li></ul>                                  | <p><b>Agree</b> <input type="checkbox"/></p> <p><b>Disagree</b> <input type="checkbox"/></p> |
| <ul style="list-style-type: none"><li>• If you do not attend a scheduled appointment or cancel without 24 hours notice a fee of £50 will apply.</li></ul>  | <p><b>Agree</b> <input type="checkbox"/></p> <p><b>Disagree</b> <input type="checkbox"/></p> |
| <ul style="list-style-type: none"><li>• You have 180 days from the end of the treatment to inform us if there is any issue with movement otherwise a fee will incur as this is Invisalign’s cut off point.</li></ul>   | <p><b>Agree</b> <input type="checkbox"/></p> <p><b>Disagree</b> <input type="checkbox"/></p> |
| <p>I am aware that I could use fixed braces (sometimes called “traintracks”) to straighten my teeth and have been given the opportunity of being referred to an orthodontist for this</p>  | <p><b>Agree</b> <input type="checkbox"/></p> <p><b>Disagree</b> <input type="checkbox"/></p> |

**I have read the informed consent document from Invisalign and am happy to proceed with the treatment:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## INTERPROXIMAL REDUCTION

- An important part of orthodontic treatment is creating space for the teeth to move.
- This is done primarily by the extraction of one or more teeth or by filing away small amounts of enamel in between teeth.
- This is called Interproximal Reduction (IPR).
- Here is a photo of what IPR looks like



I understand what Interproximal Reduction (IPR) is      YES   
NO

I am happy to have Interproximal Reduction (IPR) completed on my teeth if needed during Invisalign treatment

YES   
NO

## **ATTACHMENTS**

- Attachments are placed on the surface of certain teeth to aid movement
- They can be on any of your teeth **including front teeth**.
- These are tooth coloured and removed from your teeth at the end of your treatment.
- They will stay on the teeth at all times when you are in treatment.



**I understand that I will have attachments placed on my teeth during Invisalign treatment**

YES

NO

**I understand I may have attachments on my front teeth**

YES

NO

## Treatment cost

Please find below the quotation for your Invisalign treatment with us as per your consultation.

- Quote- £3500

Your quote includes the following

- All of your Invisalign appointments
- Take-home whitening at the end of your treatment
- 1 set of removable plastic retainers at the end of your treatment and 1 set of fixed wire retainers

\*Note by having your impressions taken and sent off to Invisalign you agree to a minimum charge of £500, if for any reason you decide to cancel your treatment.

Please confirm below your chief dental complaint/reason for Invisalign treatment-

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\*Quote does **NOT** include Hygiene appointments and any general dentistry

I have been given enough time to fully understand all issues surrounding my treatment and all options have been explained to me

Patient Signature:\_\_\_\_\_

Date:\_\_\_\_\_

By signing this form you agree to the above terms.

Dentist Signature:\_\_\_\_\_

Date:\_\_\_\_\_