

Ezclear Aligners Patient Consent Form

Orthodontic Treatment

Your dentist has discussed the Ezclear Clear Orthodontic aligner system to straighten your teeth. Orthodontic treatment aims to create an attractive smile, leading to healthy teeth. You should also be aware that orthodontics (including Ezclear aligners) poses potential risks and limitations that you should consider before proceeding. This should have been discussed with you prior to treatment.

Ezclear Appliance Description

Ezclear aligners are a series of clear, removable appliances that move your teeth in small stages. They are prescribed by your dentist in conjunction with our 3D digital treatment planning technology. Once you and your dentist approve the treatment plan, a series of models and aligners are made specifically to suit your teeth.

Ezclear Process

You may undergo a routine dental examination which could include x-rays and photographs. Your dentist will take impressions of your teeth and send them to our laboratory with a prescription. Ezclear technicians will follow your dentist's prescription and proceed to 'Scan & Plan' your case. Upon approval of the treatment plan, Ezclear will produce a series of customized aligners and send to your dentist. The total number of aligners will vary, depending on the complexity of your case.

Remaining Aligners

The aligners will be individually numbered and sent to your dentist. You should wear your aligners 24 hours per day, removing them only to eat and clean your teeth. Each stage aligner must be worn for a minimum of 3 weeks, allowing the teeth time to move. You should not move onto the next phase until the current aligner becomes easy to remove and feels loose. In the unlikely event that you get to the end of your aligners and teeth have not moved as planned, it may be necessary to do some end-of-treatment adjustments.

Ezclear Benefits

- ✓ Ezclear clear orthodontic aligners offer an aesthetic alternative to traditional fixed metal braces.
- ✓ Aligners are almost invisible, ensuring treatment is discreet.
- ✓ Tooth movements and your treatment plan can be viewed on the Ezclear software.
- ✓ Clear aligners allow for normal brushing and flossing, often difficult with conventional braces.
- ✓ Treatment can be as little as 3 months.
- ✓ Improved function when chewing and biting.

Risks

- Like other orthodontic treatments, the use of Ezclear aligners may involve some of the risks outlined below:
- Failure to wear the appliances for the required number of hours per day, not using the products as directed by your dentist, and missing appointments can lengthen the treatment time and affect the ability to achieve the desired results.
- Dental pain or some discomfort may be experienced when moving to the next aligner in the series.
- Gums, cheeks, and lips may be scratched or irritated when removing the aligners. This is usually only experienced when learning to remove them in the first few days.
- Like any orthodontic treatment, teeth can still move or relapse after treatment. Regular wearing of retainers at the end of treatment should help prevent this.
- The aligners may temporarily affect speech for the first few days/weeks. This is not permanent, and you will adjust to wearing your aligners.
- It is common to experience a temporary increase in salivation or mouth dryness.
- Your dentist may need to place attachments to one or more teeth during treatment.

- Teeth may require adjustments in-order-to create space to allow tooth movement to occur.
- Crowded or overlapping teeth may lose some of the gum tissue or may change shape when the teeth have been straightened.
- Sometimes, small black triangular spaces may become visible between the teeth.
- Teeth that have been worn unevenly may need additional cosmetic restoration such as composite bonding to improve the appearance of the treatment.
- Health of the bone and gums which support the teeth may be impaired or aggravated.
- Excessively worn teeth can pose appliance retention issues and inhibit tooth movement.
- Orthodontic appliances or parts thereof may be accidentally swallowed or aspirated.
- Problems in the jaw joint, causing joint pain, headaches or ear problems can be experienced by patients undergoing orthodontic treatment.
- Very rarely, allergic reactions may occur.

Informed Consent

I have been given adequate time to read the preceding information describing orthodontic treatment with Ezclear aligners. I understand the benefits, risks and inconveniences associated with treatment. I have been sufficiently informed and have had the opportunity to ask questions and discuss concerns about orthodontic treatment with Ezclear products with my dentist offering me the treatment. I hereby consent to orthodontic treatment with Ezclear products that have been prescribed by my dentist.

I understand that orthodontics is not an exact science. I acknowledge that my dentist and Ezclear have not and cannot make any guarantees or assurances concerning the outcome of my treatment. I understand that Ezclear is not a provider of medical, dental or health care services and does not and cannot practice dentistry or give medical advice. No assurances or guarantees of any kind have been made to me by my dentist or Ezclear concerning any specific outcome of my treatment.

I authorize my dentist to release my records, including, but not be limited to, x-rays, medical history, photographs, plaster models or impressions of teeth, prescriptions, diagnosis, and other treatment records to Ezclear and associated companies. This is for the purposes of investigating and reviewing my case, as it pertains to orthodontic treatment with product(s) from Ezclear and/or for educational/research purposes.

I hereby consent to the disclosure(s) above. I will not, nor shall anyone on my behalf, seek legal, equitable or monetary damages or remedies for such disclosure. A photocopy of this Consent shall be considered as effective and valid as an original. I have read, understood, and agree to the terms set forth in this Consent as indicated by my signature below.

Signature: Date:

Print name:

Signature of parent/guardian (if patient is under 18 years):

Signature:

Print name: