



Minor & Cosmetic Treatment Patient Consent Form

Instructions: Print all pages after cover.

This consent form is to be used for Minor and Cosmetic treatment. This consent:

- Gains written acknowledgement of the My Smile Choice™ program for either Minor or Cosmetic treatments
- Gains patient agreement for treatment compliance.
- Gains patient permission to use their photos in your marketing of the My Smile Choice™ program.

It is ideal to use this form in conjunction with:

- **MSC Patient Complete Treatment Release Form** (optional form)
 - *Allows a patient to waive full, recommended treatment & acknowledges the consequences of not opting for complete treatment.*
- Invisalign® Patient Consent Form, available for free on your Invisalign® Doctor Site (IDS): Log in to IDS > Click the support tab > click the printable forms link > download the Invisalign® Patient Consent Form and save it to your computer.

DISCLAIMER

The author of this document and co-founder of My Smile Choice™ was employed by Align Technology, Inc for 13 years to train Orthodontists how to best integrate Invisalign® into their practice, how to clinically set up cases for ideal finishes, and how to treat patients with Invisalign®, she NOT a doctor. Please note that ALL clinical tips given and any clinical advice is to be taken at your discretion. You are the treating doctor and are responsible for your own protocols and treatments.

IMPORTANT NOTICE

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At times, aligner manufacturers will make changes to their policies. BrilliantDoc™, the creators of My Smile Choice™, will do its best to inform your practice of anything that might impact the My Smile Choice™ program. But, ultimately, it is your practice's responsibility to be knowledgeable of such changes and make modifications as needed. If you become aware of any policy changes that impact the overall structure of the My Smile Choice™ program, please notify us at 888-337-6278.

Patient Consent

I, _____, have opt for **Minor / Cosmetic** (circle one) treatment.

I understand (initial on each line associated with your chosen treatment):

_____ Treatment will consist of up to **14 / 30** (circle one) aligners only.

_____ The ClinCheck® simulation is only a guide to what we can expect and not a guarantee of what will be achieved.

_____ Aligners should be:

- Worn for at least 22 out of 24 hours to achieve the best results.
- Switched out weekly.
- Ideally switched out at night before bed. We recommend you bite on a chewy or the back of your toothbrush to really make sure it is seated well.
- Worn continuously. Any break in treatment can result in relapse and/or future aligners not fitting properly.

_____ If I lose an aligner, typically I can move to the next one and wear it for two weeks. However, if I lose multiple aligners, and I notify my doctor right away, then there will be cost of \$_____ per aligner that needs to be reordered.

If I stop wearing my aligners at any point for any amount of time and the remaining aligners do not fit or become ill-fitting, I understand that:

_____ **Minor Treatment:** that my investment in treatment will be lost. I have the option to retreat at full cost.

_____ **Cosmetic treatment:** I have the option to request one extra round of treatment (**up to 15 aligners**) for a cost of **\$699**. This is the only extra treatment available to me.

_____ Interproximal Reduction (IPR) may be needed to maximize the amount of tooth movement we can achieve within a minimal amount of aligners. If this is needed, the doctor will cosmetically contour specific teeth to create room for the teeth to align.

_____ Attachments may be used to help move the teeth. Since most teeth are round and aligners work by pushing on a surface, attachments are used to create a small "ledge" for aligners to push. Attachments are tooth colored and kept small to be as esthetic as possible. They are visible, but not too noticeable at a conversation's length. There are times that attachments may be used on the front teeth - depending on what movements are needed or desired.

Patient Consent

When I complete my initial segment of treatment, I understand the following:

Minor Treatment:

_____ If I would like to continue treatment further than my 14 aligners allots me, I understand that I can request a second round of Minor treatment at **full cost**.

Cosmetic Treatment:

_____ I can request one extra round of treatment (**up to 15 aligners**) for a cost of **\$699**.

_____ I understand that this extra round of treatment **will not be available** at the end of treatment if I have used it at any point during my initial treatment.

NOTE: See section above noting if you stop wearing your aligners.

_____ OR I have the option of upgrading my Cosmetic treatment to Complete treatment for the difference in cost I was quoted at my initial, new patient consultation.

My Complete treatment quote is: \$_____.

_____ Retainers are required at the end of my treatment in order to keep my teeth in their desired position. I understand that:

- Retention is needed for as long as I want straight teeth (for life)
- If I do not wear my retainer in the way my orthodontist instructs, my teeth will move/shift to potentially undesirable positions.

I understand the Smile Warranty for my chosen treatment:

Minor Treatment:

_____ If my teeth shift from their finished position **while wearing my retainer** as instructed within 1 year of starting my initial treatment, then, at my orthodontist's discretion, I can receive a second round of treatment, up to 14 aligners, to correct it. I will bring my retainer in for inspection to claim a warranty.

_____ I understand that claiming a warranty will not straighten my teeth any more than my initial treatment. It will simply move my teeth back to where they originally finished.

_____ If my 1 year smile warranty has expired or I void my warranty by not wearing my retainers as instructed, I understand that I can request for a new round of Minor or Cosmetic treatment at **full cost**.

Patient Consent

Cosmetic Treatment:

- _____ If my teeth shift from their finished position **while wearing my retainer** as instructed within 2 years of starting my initial treatment, then, at my orthodontist's discretion, I can receive a second round of treatment, up to 30 aligners, to correct it. I will need to bring my retainer in for inspection to claim a warranty.
- _____ I understand that claiming a warranty will not straighten my teeth any more than my initial treatment. It will simply move my teeth back to where they originally finished.
- _____ If my 2 year smile warranty has expired or I void my warranty by not wearing my retainers as instructed, I understand that I can request for a new round of Minor or Cosmetic treatment at **full cost**.
- _____ I understand that my treatment could really inspire others. A beautiful smile increases confidence and can change a life. I would like to help inspire others to get the smile they want & deserve. I give my orthodontist permission to use my digital patient photos, including my before and after images for their website, Social Media, and in-office presentations for both educational and promotional purposes. My orthodontist will have my permission to use these photos in the manner discussed, unless I request the office no longer use them.
- _____ I understand that no refunds will be given for cases that are not completed due to factors outside my orthodontist's control. These include but are not limited to:
- Not wearing my aligners as instructed
 - Missing any required appointments
 - Not wearing my retainer as instructed
- _____ I am excited to start my aligner treatment so that I can have the confident, healthy smile I've always wanted!

ADDITIONAL COMMENTS:

Patient Name (Print):

Patient Name (Signature):

Date:

Orthodontist:

Date: