



CfastSmiletru  
fixed & removable

## Patient Agreement and Informed Consent for Cosmetically Focused Adult Orthodontics

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Your dentist has recommended the CfastSmileTRU system be used for your teeth straightening procedure. Although this treatment can lead to a healthier and more attractive smile, you should also be aware that any treatment to straighten teeth (including orthodontic treatment) has limitations and potential risks that you should consider before undergoing treatment.

Please read this consent form carefully and discuss with your dentist any points which require further clarification:

The CfastSmileTRU system has been designed to straighten mainly the front 6 teeth in a reasonable time frame - usually 4-9 months. This process is often called cosmetic tooth alignment.

There will not be any significant changes made to the biting position of the back teeth.

CfastSmileTRU is not a replacement for comprehensive orthodontics, rather it is a cosmetic procedure to improve the appearance of your smile. Conventional orthodontics deals with problems such as:

- overjets/underjets - the horizontal relationship between the upper and lower teeth
- overbites – the vertical relationship between the upper and lower teeth
- the position of your back teeth
- midline discrepancies - the relationship between the midline of your face and the contact point between your two front teeth
- facial profiles
- temporomandibular joint (jaw joint) problems
- Position of tooth roots

Full correction of issues such as those listed above will require comprehensive orthodontics and may require a significantly longer time to correct.

The goal of cosmetic tooth alignment is to provide a significant improvement in the appearance of primarily the front six teeth within a time frame of between four to nine months. Occasionally treatment can extend beyond this time frame.

Often tooth straightening alone may not give you the appearance you wish. Following CfastSmileTRU treatment, you may notice that the edges of your teeth are uneven due to wear. There may also be small spaces between the newly straightened teeth near the gum leading to a small "black triangle" appearance. As such there may be a requirement for further cosmetic treatment to even the biting edges of teeth, correct misshapen teeth or to close residual spaces. This will incur a separate fee which will be discussed by the dentist if appropriate in your case.

If you decide to proceed with treatment, there are obligations you must agree to. If these obligations are not met, your dentist may decide to terminate or postpone treatment. This will lead an unsatisfactory outcome or an increase in the time taken to complete treatment as well as possible increase in your treatment costs.

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**Good Mouth Hygiene:** It is important that your mouth and gums are cared for to a high standard. It is recommended to have at least one professional cleaning with a hygienist during your treatment. Dental hygiene during treatment must be kept to a very high standard. Poor dental hygiene will delay treatment and compromise the health of your teeth. A hygienist will show you how best to keep your mouth healthy during CfastSmileTRU treatment.

**Cleaning the Brace:** The braces require thorough cleaning, especially after mealtimes and before going to bed. The dental practice can supply you with additional aids to carry this out. An interproximal brush is one of the best devices to help keep your teeth and braces clean and a dentist or hygienist can show you the best way to use this and similar aids.

**Brushing too hard:** You need to brush effectively but not too hard – **brushing too hard may remove the tooth-coloured coating on the wires.** The coating coming off the wire does not damage the wire but can make the wires slightly more visible.

**Space Creation:** Your dentist may need to create some spaces between your teeth to allow them to move into the desired position. There are several ways to do this, and you will be advised if this is required in your case.

**Food Types:** Be very careful what types of food you eat. Hard foods such as crusty bread, seeds, nuts, popcorn, ice, boiled sweets, toffees etc. can break the brace. Cut food into small pieces. If the brace does break and if brackets become dislodged and need replacing, there will be an additional fee for their repair or replacement.

**Bite Stops:** Bite stops are small fillings that are placed on your back teeth to prevent you biting onto the brace and damaging it. This is only a temporary measure and they will be removed when the teeth straightening procedure has been completed. Initially you may find eating more challenging because some of your back teeth may not be in full contact when you bite together.

**Dental Decay:** Excellent cleaning of your teeth and gums is essential during orthodontic treatment as are regular visits to your family dentist. Inadequate or improper cleaning could result in cavities, discoloured teeth, gum infections and/or decalcification which is damage to the enamel of the teeth. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances. These problems may be aggravated if you consume sweetened beverages or foods.

**Nerve Damage:** A tooth that has been traumatised by a knock or bump, deep fillings or decay may have experienced damage to the nerve of the tooth. This may not be obvious at the start of the treatment as quite often there are no obvious symptoms or signs. In some cases orthodontic tooth movement may aggravate this condition and in some rare cases, root canal treatment may be necessary.

**Allergic Reactions:** The braces use materials such as Nickel which some people may be allergic or sensitive to. If you have any known allergies, especially to Nickel, please be sure to mention this to your dentist.

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**Appointments:** It is very important that you attend regularly for your review appointments as advised by your dentist. Failure to do so will result in a delay to your treatment. Missed or late cancellation of appointments will incur additional charges.

**Retention:** The aim of treatment is to move your teeth into a straightened position in a relatively short period of time. If they are not held in this position indefinitely, there is a strong possibility that they will start to return to their original position. This relapse can happen very quickly - sometimes within a few days. Your dentist will discuss with you the importance of **life-long retention** using fixed and/or removable retainers. It is advisable that you have both types of retainers if possible, as one will act as a back-up should the other one become lost or damaged. Full compliance is required in wearing retainers as instructed as your dentist or Dental Practice cannot take responsibility for movement of teeth after appropriate retainers have been provided.

If retainers are lost or broken, we rely fully on you to take the initiative to have them replaced or repaired. In this instance call the practice immediately for an appointment.

Retainers do not last forever and you will need to repair or replace them over time. This will incur additional charges. The frequency of how often these repairs or replacements are required vary from person to person. Your dentist can advise you of the associated maintenance and replacement costs of retainers.

### **Consent to Having CfastSmileTRU treatment**

I understand the following:

The main objective of my treatment is to reposition primarily my front upper and/or lower six teeth for cosmetic reasons. There will be little or no change in the biting position of my back teeth and any changes to my bite will most likely settle completely within a few months of treatment ending.

I understand that this treatment is not a replacement for conventional orthodontics.

Where there is a shortage of space in cases where the teeth are crowded, space will sometimes be made by carefully removing a small amount of enamel from the sides of the teeth. This has been shown to be a perfectly safe and acceptable clinical procedure. Although rare, it is possible to have some sensitivity following this procedure.

Following treatment, the edges of my teeth may be uneven due to the fact the teeth have not worn evenly. There may also be small spaces between the newly straightened teeth near the gum line, leading to a small "black triangle" appearance. In this case there may be a requirement for further cosmetic work to even the edges of teeth, correct misshapen teeth or to close residual spaces. This will incur a separate fee which will be discussed with me by my dentist and is charged according to my individual needs.

I understand that my dentist aims to get as good a result as is possible, usually within a 9 month period. It may not be possible to get the teeth into a perfect position using this treatment alone although for most people having this treatment the results are more than acceptable.

I understand that should there be a demand for further treatment beyond what my dentist feels is acceptable, this may necessitate a referral to an orthodontist which will lead to an increase in costs over and above what has been paid to date.

I understand that there may be times when brace components are damaged or lost. The repair or replacement of these components will incur a charge for the component. My dentist will discuss any significant charges with me before any additional work is carried out.

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I accept that generalised pain from the teeth, gums, lips and cheeks are common after the braces are fitted. Usually these symptoms subside to a manageable level after two weeks or so.

There is also likely to be some mobility of the teeth – the teeth may feel loose or wobbly. If there is excessive pain or mobility, I will contact the practice as soon as possible so appropriate adjustments and/or measures can be taken to remedy the situation.

I understand that in some cases there may be nerve irritation or damage which in very rare circumstances may require root canal therapy.

I understand that if I move out the area it may not be easy to get another dentist to complete my treatment and I therefore understand that I will most likely have to complete treatment with the dentist that started it.

I accept full responsibility to wear my retainers as prescribed and I will contact the practice immediately should they become lost or damaged. I accept full responsibility for any relapse should I fail to comply with retention protocols.

I accept that retainers do not last forever and I will need to repair or replace them over time. This will incur additional charges. The frequency of how often these repairs or replacements are required vary from person to person and my dentist can advise me of the associated maintenance and replacement costs of retainers.

I understand that the dentist providing my treatment is a general dental practitioner and is not an orthodontic specialist.

I give my dentist the right to change treatment at any time during the procedure after discussion with me. This may be due to unforeseen complications during the procedure or any other situations that might arise. This will be in consideration of what is best for my final result and the long-term success of the treatment.

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

Patient Name: \_\_\_\_\_ Witness Name: \_\_\_\_\_

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