



Informed Consent for Clear Aligner Treatment

Patient Name: _____

Dentist Name: _____

Thank you for choosing Clear Aligners Direct (CAD) for your orthodontic care. This document explains the scope of services, the roles of each party involved, and your responsibilities as a patient. Please read it carefully before signing.

Purpose of Treatment

The goal of clear aligner therapy is to align teeth and enhance oral function and aesthetics. The aligners used in your treatment are custom-made in a dental laboratory in the USA and designed using advanced technology and expert oversight.

While we strive for excellent results, it is important to understand that outcomes vary depending on individual biological factors, adherence to the treatment plan, and other variables. Clear aligner treatment is highly effective, with many years of proven success and thousands of positive outcomes; however, no treatment can offer a 100% guarantee of success.

Information and Due Diligence

We encourage you to familiarize yourself with the potential benefits, risks, and limitations of clear aligner therapy. There is a wealth of information available online and through other resources regarding orthodontic treatment. It is your responsibility as a patient to review this

information, ask questions, and fully understand the potential risks—even though these are rare—before starting treatment. Examples of possible risks include discomfort, minor bite changes, or issues with existing dental work.

While the chances of complications are minimal, and the likelihood of a successful outcome is very high with proper adherence to the treatment plan, it is important to approach treatment with realistic expectations.

Roles and Responsibilities

1. Clear Aligners Direct (CAD)

- CAD provides the design, planning, and production of your custom aligners using advanced technology and extensive orthodontic expertise.
- Dr. Vernon Kruger, a globally recognized orthodontist, oversees the treatment planning process to ensure quality and precision.

2. Dentist Role

- Your dentist's role is limited to providing clinical support, including:
 - Taking and submitting 3D scans, X-rays, and photographs.
 - Placing and removing attachments when necessary.
 - Offering basic guidance on aligner wear and maintenance.
- The dentist is *not responsible* for the overall treatment outcome or any unexpected results related to the aligner therapy provided by CAD. Their role is supportive and does not involve determining the treatment plan or guaranteeing results.

3. Patient Responsibilities

- Success depends heavily on your commitment to the treatment plan, which includes:
 - Wearing aligners as instructed (typically 22 hours per day).
 - Maintaining excellent oral hygiene to prevent decay or gum issues.
 - Avoiding behaviors that could damage aligners, such as eating without removing them.
 - Attending any follow-up appointments as required.
 - Without your full cooperation, the predictability and success of treatment cannot be guaranteed.
-

Acknowledgment of Risks and Expectations

Clear aligner therapy, like any medical or dental treatment, carries some risks, although they are unlikely to occur. These include:

- Mild discomfort due to tooth movement.

- Potential for bite changes or adjustments during or after treatment.
- Impact on existing dental work (e.g., fillings, crowns, or veneers).

CAD employs cutting-edge technology, paired with decades of orthodontic expertise, to minimize these risks and maximize the chances of a successful outcome. While no guarantee can be provided, patients who follow their treatment plans diligently are highly likely to achieve excellent results.

Consent and Acknowledgment

By signing below, you acknowledge and agree to the following:

- You understand the roles and responsibilities of CAD, your dentist, and yourself in this treatment process.
 - You have reviewed and understood information about clear aligner therapy, including its potential risks and limitations.
 - You accept that the dentist's role is limited to clinical support and does not include responsibility for treatment outcomes.
 - You understand that treatment success depends on your commitment and adherence to the plan.
 - You acknowledge that while no guarantees can be made, the likelihood of a successful outcome is very high with proper compliance.
-

Patient Signature: _____

Date: _____