

Informed Consent and Patient Agreement Related to the SPARK Orthodontic Treatment



Patient: _____

Date of issue of the document: _____

The staff at *Clinique Dentaire Boca* welcome you and thank you for choosing our clinic.

For your orthodontic treatment, your practitioner has recommended the SPARK System.

Description of the device

SPARK aligners consist of a series of clear, removable plastic appliances that move your teeth in small movements. SPARK products combine your dentist's diagnosis and prescription with sophisticated, computerized graphics technology that develops a treatment plan that simulates the desired tooth movements during your treatment. Once the treatment plan is developed and accepted by your practitioner, a series of customized aligners is manufactured specifically for your treatment.

Procedure

The first step is a pre-treatment examination including x-rays and photographs. Your dentist will perform intra-oral scans of your teeth, then send them (accompanied by a prescription) to the Spark laboratory. The technicians will follow your practitioner's prescriptions to create a virtual model according to the prescribed treatment. Once the treatment plan is accepted by your dentist, Spark will manufacture and deliver a series of customized aligners to your practitioner. The total number of aligners will depend on the complexity of your malocclusion and the dentist's treatment plan. The aligners will have an individual number and will be given to you by your dentist with a specific instruction manual. Unless your practitioner advises you otherwise, you will have to wear your aligners approximately 22 to 24 hours per day, only removing them to eat, brush your teeth, and use dental floss.

As prescribed by your practitioner, you will replace your aligner with another from the series every

week. Unless otherwise decided, your follow-up appointments at the office will be spaced 6 weeks apart.

For some patients, glued-on aesthetic stabilizers and/or the use of elastics will be necessary during the treatment to facilitate the specific orthodontic movements. Certain patients will need to have additional impressions or intra-oral scans taken and/or have finishing aligners after the initial series of aligners.

Advantages

- Spark aligners offer an attractive alternative to traditional orthodontic treatments.
- The aligners are practically invisible, so most people won't realize that you are receiving orthodontic treatment.
- The treatment plan can be viewed using the Approver software.
- The aligners make it possible to perform the tasks of brushing your teeth and using dental floss normally, which are usually reduced in the case of traditional orthodontic treatments.
- The aligners don't contain metal wires or rings, which are part of conventional orthodontic treatments.
- Wearing aligners helps improve oral hygiene habits during the treatment.
- Patients may notice an improvement in their periodontal health (gums) during the treatment.

Risks and disadvantages

Although an orthodontic treatment may give you a more beautiful and radiant smile, you should be aware that any orthodontic treatment (including the orthodontic treatment with Spark aligners) has its limitations and potential risks, which are fortunately very rare.

To achieve the best possible results from their orthodontic treatments, *the patient must agree to follow these instructions:*

The regular visit to your dentist: It is necessary to consult your dentist every *six months* or as often as prescribed. For adults, a complete *periodontal evaluation* (gums and bones) may be required before the treatment, followed by periodic cleanings every *three months*.

Dental hygiene: *Impeccable oral hygiene is required of the patient.* When the devices are put in, each patient receives complete instructions regarding their oral hygiene.

Wearing the device: Not wearing the devices for the required number of hours per day may compromise the desired results.

Discomfort: Orthodontic treatments use devices that apply forces to move the teeth. When the devices are initially put in or when adjustments are required, you may feel sensitivity in your teeth and gums. This discomfort varies according to the patient but usually only lasts a few days. Using medication (acetaminophen, ibuprofen) may provide relief, but must not become a habit.

Diagnostic data: Throughout your treatment, your dentist may recommend collecting diagnostic data. This may include x-rays, photographs, and study models.

Tooth extractions: During the orthodontic treatment, the dentist may recommend that certain teeth be extracted to improve the final result. In such cases, the tooth extraction may lead to the extension of the initially planned treatment period (*fees not included in the orthodontic treatment*).

Cooperation: The patient's cooperation is key to the success of the treatments. The patient and *their family members must place a high priority on this*. To facilitate the treatments, it is recommended that parents encourage the child to wear their aligners or elastics. These must be worn as prescribed; otherwise, the treatment will have to be extended. When the treatment is extended following a lack of cooperation from the patient (*not wearing the devices or elastics, poor oral hygiene, missed or late appointments*), additional monthly charges may be added to your account even if the total cost of the treatment has already been paid. To foster a relationship of trust between the child and all the attending staff, parents are not allowed in the room during the treatments.

Retention: An appropriate retention period must follow the active treatment. *Wearing the retention devices is of the utmost importance to prevent recidivism (the return of the problem)*. The first retention devices are included in the cost of the treatment: upper and lower lingual wires (guaranteed for 6 months) or 2 upper and lower retention shells. The choice of retention method can be made at the start of the treatment or toward the end. However, there are additional charges for broken or lost devices. The decementation of a lingual wire or the breakage of a shell after 6 months of retention will result in additional charges.

Once the orthodontic treatment is complete, checkup visits are scheduled at 6 months, 1 year, and 2 years. The fees are \$56 per checkup visit.

Speech: The aligners may temporarily affect speech, producing a slight lisp, but any speech problem caused by SPARK products generally disappears after one or two weeks.

Interproximal discing: Some teeth may require interproximal reshaping or an interproximal reduction to create the necessary space for the alignment.

Additional treatments, including the use of bonded buttons, orthodontic elastics, ancillary/dental appliances (e.g., temporary anchoring devices, fixed sectional devices), and/or dental restoration

procedures, may be required for more complicated treatment plans where aligners alone are insufficient to achieve the desired result.

Lack of gum tissue: For teeth that have overlapped for a long time, gum tissue may be missing under the interproximal contact once the teeth are aligned, leading to the appearance of a “black triangle” space.

The health of the bone and gums that support the teeth may be weakened or worsened.

A traumatized or restored tooth may be deteriorated. In rare cases, the lifespan of the tooth may be reduced, the tooth may require an additional dental treatment such as an endodontic treatment and/or additional restoration work, and the tooth may be lost.

Existing dental restorations (e.g., crowns) may become dislodged and require resealing or—in some cases—replacement.

Clinical crowns that are too short may cause a problem for the retention of the aligners and impede tooth movements.

Potential risks and limitations of the orthodontic treatment

Any form of medical or dental treatment, including orthodontics, involves certain risks and limitations. Fortunately, in orthodontics, the complications are rare, and the consequences are minimal. However, before engaging in an orthodontic treatment, it is essential to be aware of the potential problems:

Radicular resorption: The length of the tooth roots may decrease (radicular resorption). Some people are predisposed to this condition, while others are not. It should be noted that radicular resorption may be caused by other factors, such as trauma, impacted teeth, endocrine and genetic disorders, or other idiopathic (unknown) causes.

Impaction: A tooth is impacted when it remains partially or totally stuck under the gum tissue. In an effort to move an impacted tooth, particularly the canines, certain difficulties are sometimes encountered that may lead to periodontal problems or the loss of the tooth.

Ankylosis: An ankylosed tooth is fused to the bone and may require surgery to move it to a suitable position or to extract it.

Duration of the treatment: The duration of the treatment may be shortened or extended depending on the patient’s cooperation, favourable or unfavourable growth, medical and dental condition, and the need for care provided by other healthcare professionals.

Unfavourable growth: A person’s growth may cease to occur normally. If it occurs disproportionately, the jaw may be affected, and the original treatment goals may then need to be re-evaluated. The imbalance of skeletal growth is an unpredictable biological phenomenon that may cause the initial treatment to be extended and affect the goals of the anticipated treatment. If

the treatment needs to be extended due to unfavourable growth, additional fees may be charged by the dentist.

These modifications—often minor, sometimes major—may require the creation of unplanned devices, the extraction of a tooth/teeth that we were trying to preserve, or orthognathic surgery.

Nerve or tooth pulp damage

A tooth that has already suffered a trauma (shock) before the orthodontic treatment may have undergone necrosis (the tooth is dead). An orthodontic movement may worsen the situation, and this tooth will need a root canal as soon as possible.

Periodontal problems: Problems with the gums or supporting tissues may develop or worsen during the orthodontic treatment due to various factors, the most significant of which is biofilm. At that point, we will have to perform periodontal treatments, and the orthodontic treatment sometimes has to be stopped until the supporting tissues heal. Some cases even force us to stop the treatment before the end and accept compromises.

Loss of tooth vitality: It is possible for a tooth to lose its vitality and degenerate until pulp necrosis occurs (dead tooth). A tooth that has been traumatized by a large filling or already suffered a minor trauma may experience pulp necrosis after a long period with or without orthodontic treatment. A devitalized tooth can make an abscess; a root canal then becomes necessary.

Temporomandibular joint dysfunction: Sometimes, temporomandibular joint problems causing cracking in the jaw, pain, headaches, or earaches may occur. These problems may occur with or without orthodontic treatment. If applicable, a change to the treatment plan will be necessary.

Wisdom teeth: In many adolescents, it is not possible to preserve wisdom teeth. If this is the case for you, we will inform you when to have them removed.

Recidivism: According to the degree of overlapping of the teeth or the age of the patient, recidivism is always possible, even if the retention period is over. Teeth move throughout a person's life, whether or not they have received orthodontic treatments. Normally, this recidivism is minimal, but on certain occasions, it may be more apparent or result in non-functional teeth. The causes may be multiple: a change in growth, the eruption of wisdom teeth, mouth breathing, infantile swallowing, muscle hypotonicity, etc.

General information: Since orthodontics is not an exact science and the dentist is confronted with problems related to growth/development, genetics, and cooperation, achieving an optimal result is sometimes impossible. Given that the progress of the treatment depends greatly on the patient's cooperation as well as other factors beyond the dentist's control, it becomes difficult to guarantee the end result.

We aim for perfection, and rest assured that we will do our best. We also expect you to do your best, and together, we will achieve the best possible results.

File: I consent to the collection of data and to the taking of the necessary photographs, x-rays, and impressions before, during, and at the end of the treatment, in accordance with the directives of the Ordre des dentistes du Québec.

Lost or broken shells:

When you lose a pair of shells or they break due to any incident, please be aware that a \$25 fee will apply to cover the delivery costs.

I acknowledge that I have read and understood this 6-page document, which highlights the potential risks associated with an orthodontic treatment. I have asked all the necessary questions to clarify all the areas about which I had questions, and I am satisfied with the answers provided.

I authorize the Dentist to proceed with the orthodontic treatment, knowing that the Dentist is a dental surgeon who practises orthodontics in their general practice.

I agree to follow the instructions, and I consent to the orthodontic treatment.

I understand that the fees for the orthodontic treatment only cover orthodontics. Any other treatment is not included in the fees for my orthodontic treatment.

Patient's signature: _____ Date: _____
(Guardian if minor)

Dentist's signature: _____ Date: _____