PATIENT COOPERATION ACKNOWLEDGMENT

Clear Aligner Therapy

Our team is dedicated to providing exceptional patient care. To ensure that your aligner orthodontics treatment progresses on schedule and as smoothly as possible, it is imperative that you understand the procedures that are involved in your treatment.

- Aligners must be worn 22 hours a day, except when eating, drinking, brushing, or flossing. Aligner orthodontics works while you are wearing your aligners. Please wear them full-time, day and night.
- Tooth colored or clear attachments or buttons may be attached to your teeth or aligners. These buttons and/or attachments are nearly invisible and will aid the aligners in moving your teeth properly.
- Occasionally "bite into" your aligners to activate tooth movement.
- It is critical that you follow instructions on wearing aligners (inserting and removing), cleaning aligners, and proper brushing and flossing covered in the Use and Care Instructions pamphlet included in the Patient Starter Kit.
- Keep all of your aligners until the end of treatment.
- Always store your aligners in their case when not being worn to avoid loss. If you lose an aligner, it will cost you $100 per aligner.
- Because the aligners are designed to sequentially move your teeth, it is very important to wear each aligner in the order prescribed by your doctor. You will wear each aligner in the series a minimum of two weeks, or as instructed by your doctor. Do not wear aligners out of order.
- Keep your scheduled appointments—this is the only way we can be sure that your treatment is progressing as planned.
- Always wear your current aligners to your appointment and bring the set you wore just prior to these with you.
- Retainers after treatment is complete are designed to maintain the smile you've invested in. Retention is for life. Retainers are included in your treatment.
- Non-compliance may result in additional monitoring fees.
- Please do not hesitate to call our office at 503-391-9016 should you have any questions about your treatment.

I have read and understand this information for my successful aligner orthodontics treatment.

________________________________________
Patient Name

Patient Signature ___________________________ Date ____________ Time ____________

Parent/Guardian Signature (if patient is minor) ___________________________ Date ____________ Time ____________

Witness Signature ___________________________ Date ____________ Time ____________