



TOOTH FAIRY

TOOTH FAIRY
TREATMENT PLAN
VERSION 24.7

PROPOSED TREATMENT PLAN

Patient Name:

Date of Birth:

Appliance Type: Clear Aligner

Patient Address:

Clear Aligner treatment

Cost:

Space creation / IPR :

Attachments:

SIGNATURE OF PATIENT

DATE:



TOOTH FAIRY

TOOTH FAIRY
BRACES CONSENT
VERSION 22.1
PAGE 1/9

INFORMED CONSENT FOR CLEAR ALIGNER TREATMENT (TOOTH FAIRY -TF)

Patient Name:

Date of Birth:

Appliance Type: Clear Aligner

Duration of Treatment:

Treatment: Clear aligners

Reviews of braces treatment: Doctor reviews through video calls and remote reviews through our dental application, as well as in-person assessments and reviews

Additional Information:

Please read this form carefully. If any points require further clarification please ask before signing. This written consent form should be considered in addition to the verbal discussion of treatment options with the dentist in email and in person. By signing this consent form you acknowledge that you have understood and agreed to the terms and conditions herein. The Tooth Fairy system is a short-term orthodontic system that improves the alignment of the front six teeth without significantly changing the biting position (occlusion) of your back teeth. The Tooth Fairy system has been designed to work within a timeframe of 6-12 months depending on the severity of the misalignment. Your dentist will keep you informed of how long treatment will take. This time does vary between individuals. The goal of this approach, as opposed to conventional orthodontics, is to address and correct the main cosmetic concerns that you have shared with the dentist, and as an alternative to longer and more involved orthodontic treatment. Tooth Fairy does not claim to be any quicker than other orthodontic treatments. The time references merely relate to the fact that this approach is limited to the initial stages of longer comprehensive orthodontic treatment.

Patient Initials _____



In several situations, the Tooth Fairy system may not be appropriate. These include but are not limited to:

- Buccal occlusion - changing the position of your back teeth, where this is the primary objective of the treatment. Some small changes will inevitably occur in all treatments
- Overjet - changing large discrepancies in the relationship between the upper and lower teeth in the horizontal plane (the prominence of your top or bottom teeth)
- Overbite - changing large discrepancies in the relationship between the upper and lower teeth in the vertical plane (the vertical overlap of your front teeth)
- Correction of dental midlines • Addressing facial profile concerns
- The positioning of the tooth roots in the ideal position for stability (also known as tooth/root torque)
- In the treatment of TMD - temporomandibular joint dysfunction

Full correction of the issues listed above often requires treatment by a specialist in orthodontics and in some cases may require treatment over a longer period. Tooth Fairy braces are not a replacement for conventional orthodontic treatment. If you prefer specialist treatment your dentist can arrange a referral for you. All orthodontic treatment requires good patient cooperation. There are requirements that need to be met before treatment can commence and also after the aligners are fitted to ensure optimum health of your teeth and gums. If you are unable to fulfill these requirements your dentist reserves the right to postpone or terminate your treatment.



TOOTH FAIRY

What is required of you

Good oral health and mouth hygiene.

The health of your teeth must be optimal before any orthodontic treatment can be considered. We recommend you attend an appointment with a hygienist before and during treatment. All the advice needed to adequately care for your teeth and gums during your orthodontic treatment will be provided. Your teeth and aligners will need to be cleaned three times daily and after all food. Cleaning aids such as an orthodontic toothbrush and interproximal toothbrushes allow you to clean your teeth effectively are highly recommended. Inadequate tooth brushing and oral hygiene may cause swollen gums (gingivitis) and if severe can cause irreversible damage and loss of tooth- supporting tissues (periodontitis).

Diet

Hard and sticky foods may damage your teeth, restorations and the aligners. You should not eat/drink with aligners in the mouth. You must avoid foods such as toffees, boiled sweets, popcorn, nuts, crusty bread and other hard foods. Your food should be cut into small pieces and chewed on your back teeth. Never bite directly into apples and other hard foods. You must also avoid food and drink that contain acid, such as fizzy drinks and juices, as these may cause demineralization and permanent damage to the tooth enamel (and weaken the bond between teeth and braces/attachments). No sugar/hot drinks are permitted whilst your aligners are in your mouth. There may be an additional fee to replace damaged aligners that are due to poor compliance with the advice provided.

Patient Initials _____



TOOTH FAIRY

Risk of decalcification and dental caries

Permanent discoloration & tooth decay may occur if sweets, fizzy or sugary drinks are consumed during treatment. This risk is much greater in those wearing aligners. You must avoid these types of food and drink and ensure your oral hygiene is excellent during your orthodontic treatment especially whilst you are wearing your aligners. You should continue to see your dentist for regular checkups. A fluoride mouthwash may help here.

Regular appointments

It is vital that you attend your appointments as advised. The unsupervised wearing of braces can damage teeth and gums and treatment may not progress as expected. Failure to attend appointments will delay progress and in some cases may require termination of treatment. Missed appointments or late cancellations may incur a charge. A hybrid of reviews through video call and physical appointments will occur. Costs to travel to clinic / in person reviews will be liable by the patient, and not reimbursed by Tooth Fairy.

Retainers

At the completion of treatment, retainers are advised to ensure your teeth do not return to their original positions. In most cases, a small bonded wire retainer is needed behind your front teeth. The removable retainer provided is to be worn at night time. Teeth can move very quickly, therefore bonded retainers must usually be placed soon after your teeth have been aligned. Compliance in wearing retainers as prescribed is crucial. If you do not have any retainers / your final aligner or break/ lose any aligners you must notify us immediately to arrange an appointment and a replacement retainer - as cost may be incurred for a replacement retainer. Your dentist cannot take responsibility for any tooth movement where retainers have not been worn as prescribed. Most cases require indefinite, lifelong retainer wear in order to avoid any relapse or further tooth movement. Short-term or cosmetically-focussed orthodontic treatments may be inherently more unstable than comprehensive orthodontics.

Patient Initials _____



TOOTH FAIRY

Therefore, compliance with lifelong retention and the recommended retention advice is crucial. It is your responsibility to have regular dental checkups and retainer checks.

I understand:

- Tooth Fairy and short-term orthodontic treatment does not replace conventional orthodontics. The Tooth Fairy system is used to move the front upper and/or lower six teeth for cosmetic reasons only.
- Changes to my occlusion (the manner in which my teeth bite together during function) may occur although this will be minimal and this is not the objective of treatment. Any changes that may occur will tend to settle within the first 12 months of completing treatment.
- In order to gain sufficient space to straighten my teeth, the dentist may need to carry out a procedure called interproximal enamel reduction (IPR). Interproximal enamel reduction is removal of a small amount of enamel (up to 1mm) on both sides of a tooth. The process is used to create space between teeth and is sometimes used to improve the shape of teeth or the way in which teeth contact one other. It may also enhance the stability of the end result. IPR can be used to reduce 'black triangles' (dark spaces) between certain teeth. The procedure is painless and causes no long-term problems when carried out properly. Please confirm with the dentist if you have any questions.
- I understand that more than one dentist from the team may be involved in my care, and I may see different Toothfairy dentists during my treatment, which includes reviews and in-person visits. Your main point of call for any questions during treatment: Dr Claudia Lorenzo - doctor@toothfairyapp.co.uk, you can also request to see a particular dentist if you wish, and can reach any dentists doctor@toothfairyapp.co.uk

Patient Initials _____



TOOTH FAIRY

- If, following orthodontic treatment the edges of the teeth are not even this is most likely due to uneven tooth wear that occurred whilst the teeth were in their previous positions. If there are small dark spaces (called 'black triangles') between the contact points of the teeth and the gums, this is due to the shape of the teeth or recession of the gums. Cosmetic dental treatment can be provided to correct these features at a separate cost, according to individual need. If this is needed, my dentist will discuss this.
- The aim of treatment is to straighten the front six teeth within 6-12 months and the majority of cases achieve these expectations. Should I be dissatisfied with the position of my teeth following short-term orthodontic treatment with Tooth Fairy braces and wish to be referred to an orthodontist, this will be a separate course of treatment at a separate cost.
- Orthodontic treatment requires good care of the appliance and appropriate diet. I will ensure that I inform my dentist if any part of the aligner breaks or dislodges. The replacement of broken parts may incur a charge. My dentist will discuss any additional cost before any repair is carried out.
- Some discomfort or sensitivity can be expected at the beginning of treatment but this can be relieved with over the counter painkillers e.g. Ibuprofen, Paracetamol and a softer diet.
- Some minor mobility of the teeth during orthodontic treatment is normal. If excessive mobility or pain occurs I will contact the practice for advice. Osteoporosis/bone conditions can make tooth movement unreliable. Orthodontics may aggravate bone turnover and in turn, teeth can lose their support / become mobile, loose, painful and even unrestorable / require further treatment.
- The risk of devitalisation, where a tooth dies, can occur during alignment; this risk increases if alignment has occurred previously but can also occur on teeth that have not been moved before. I am aware that moving teeth that have previously moved can cause issues and devitalise teeth which may be due to them being affected from previous treatment, which may be a risk requiring root canals , loss of teeth and further costs.

Patient Initials _____



- Resorption (Shortening) of the roots can occur in some patients. In the majority of patients undergoing comprehensive orthodontic treatment the amount is small (1-1.5 mm) and does not jeopardise the health of the teeth. If severe, however, this will be discussed with me and treatment may be stopped early. In many cases root resorption cannot be predicted and there may be a large genetic tendency, if severe.
- Moving teeth within the jaw can cause gum recession and exposure of the root surface of the teeth. Where there is a high risk of this occurring the dentist will discuss this. If severe, this may jeopardise the long-term health of the tooth and/or necessitate referral to a gum specialist (periodontist).
- I understand that the dentist providing my treatment may be a general dental practitioner and is not a specialist orthodontist.
- Up to two replacement aligners may be provided by Tooth Fairy - if lost or broken. If Tooth Fairy feels that there is negligence on the part of the user a charge may be issued. Any additional aligners other than the two as part of the package will incur a charge of £99 for four more aligners.
- As this is a medical procedure the smile preview provided is an high level prediction of the final outcome and not a guarantee. The computer simulation software is unable to take into account patient features such as bone density and ligament strength. Depending on biology of the patient the final result may not be exactly as per the simulation. If after the allocated aligners predicted by the software, the teeth require further movement to reach this simulated outcome, an additional charge £99 per four refiners may be incurred for further refiner aligners for additional movement. The retainers must be worn as prescribed. Teeth may move if retention protocols are not followed and I will contact Tooth Fairy immediately if I cannot wear my retainers for any reason. I accept responsibility for any relapse that is related to my failure to comply with the advice given to me by my dentist. Replacement of any lost/damaged final retainers are not included in my treatment.



I will inform my dentist of any changes in my medical history. I have told the dentist about any other procedures I do not wish to be carried out without my having the opportunity to consider them first.

Whitening Consent

As part of my package, you will be supplied with the whitening product - that is low-concentration hydrogen peroxide for cosmetic reasons only. You are required to check you are not allergic to peroxide/ingredients/ may be pregnant/breastfeeding before using the whitening product. Whitening will occur gradually and safely over a few weeks. Gum irritation and mild sensitivity may occur - halting the use of the product will help improve such symptoms. In rare circumstances, some teeth may not whiten due to deep inhibition within the tooth structure.

Please follow the instructions when using the whitening product, and ensure you do not overload the trays, as this can irritate the gums. Do not ingest the product.

Compliance Consent

To ensure compliance and proper wear of the aligners, images need to be uploaded into the app every two weeks at a minimum. This can be via AI track or the chat feature. Any issues with the app should be notified to us so we can document this, You must upload these images so we can assess progress and intervene early if needed. Failure to do so will mean the final outcome will not be as desired, which may impact the overall result. If the results do not match the proposed result, the patient will be deemed guilty of not complying with the correct regime. Images every two weeks are important to ensure that we can track movement and that no issues occur. If we see at the end of treatment that your aligners have not been tracked and images sent, further changes and rectification of the treatment will incur additional costs from you.

Patient Initials _____



TOOTH FAIRY

Patient Declaration:

I agree that the proposed treatment has been explained to me in the clinic and/or also hereby in this consent form, and on occasion, changes may be necessary. I understand the time & commitment required for treatment to be estimated and the risks and limitations as explained above. I agree to follow all the instructions as explained/provided in this consent. I understand that photographs or other records will be taken to aid treatment, which may be passed onto the orthodontic laboratory or posted on a secure website to help plan my case. On occasion, these dental records may be used for teaching/publication/marketing. Any identifiable images, such as facial views will not be used without my prior agreement and all personal data will be anonymised. I understand this treatment is not refundable, as it is a custom-made device that is tailored to my own unique biology and body. Cancellation of treatment will not permit a refund, and I will still can be liable for costs of delivery, planning, production and reviews.

I confirm by signing below that I do not have any further questions, and the treatment, its risks, and benefits have been explained to me fully so that I can progress with treatment.

SIGNATURE OF PATIENT:

Additional comments:

DATE: