

Invisalign Patient Cooperation Acknowledgement

Our team is dedicated to providing exceptional patient care. To ensure that your Invisalign 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. Invisalign 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 may cost you \$100.00.
 - ❖ 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. 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 Aligner to your appointment.
 - ❖ Additional Aligners and /or Auxiliary treatment may be needed during or at the end of treatment to obtain the best results.
 - ❖ Retainers after treatment is complete are designed to maintain the smile you’ve invested in. Retention is for life. One retainer is included in your treatment.
 - ❖ The non-refundable portion of your payment is \$1200.00 for ortho work-up.
 - ❖ Non-compliance may result in an additional fee.
- Please do not hesitate to call our office if you should have any questions about your treatment.

I have read and understand these tips for my successful Invisalign treatment.

Patient Signature _____ Date _____