



Patient Compliance Agreement

Our team is dedicated to providing exceptional patient care.

To ensure your Invisalign treatment progresses on schedule, it is imperative you understand the procedures involved in your treatment.

- ❖ Aligners must be worn 22 hours a day, except to eat, brush, and floss. Invisalign works while you are wearing your aligners.
- ❖ Tooth colored or clear attachments and/or buttons may be attached to your teeth to aid in moving your teeth properly.
- ❖ “Bite into “your aligners to activate tooth movement. Use the Aligner Chewies prescribed by your doctor throughout the day.
- ❖ Read the “Use and Care Instructions” pamphlet included in the Patient Starter Kit for instructions on wearing and cleaning aligners. Do not use toothpaste on your aligners.
- ❖ Always store your aligners in their case when not being worn to avoid loss. If you lose an Aligner, it may cost you \$_____.
- ❖ 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 ensure your treatment is progressing as planned. Always wear your current aligner to your appointment.
- ❖ Adhere to the Patient Tracking Guide to check the seating of each aligner and attachment reservoir. Monitor interproximal contacts with floss.
- ❖ Additional aligners and/or auxiliary treatment may be needed during or at the end of treatment to obtain the best results.
- ❖ Retainers are worn, as prescribed by your doctor, to maintain your beautiful new smile. Retention is for life. One set of retainers are included in your treatment. You have the option of purchasing the Vivera program.
- ❖ The non-refundable portion of your payment is \$_____.
- ❖ Non-compliance may result in an additional fee. \$_____ per appt.
- ❖ Please do not hesitate to call our office if you should have any questions about your treatment.

I have read and understand the procedures necessary for the success of my Invisalign treatment.

Patient Signature_____ Date_____

Parent/Guardian Signature_____ Date_____