

Gregory S. Brya, DDS, PLLC / Patrick S. Sweeney, DDS

drbrya.com

4780 Okemos Road | Suite #1 • Okemos, MI 48864

drbrya@drbrya.com

(517)381-8181

INVISALIGN SUCCESS LETTER

Read Before You Begin Your Invisalign™ Treatment

Invisalign™ is a high-technology system used to straighten teeth, improve smiles and correct malocclusions. It eliminates or reduces the need for conventional braces. The Invisalign™ system includes clear aligners and small tooth colored attachments that are bonded to the teeth.

A great deal of skill and expertise is required to design and implement a successful Invisalign™ program. You will receive the highest quality Invisalign™ treatment at this office.

In order for your treatment to be successful, please understand the following points:

1. Success depends upon your cooperation. The time, duration and results of this treatment are directly related to the amount of time the aligners are worn. Aligners must be worn as prescribed--22 hours per day. Treatment will be delayed, if the aligners are not worn the prescribed time by Dr. Brya.
2. Aligners are just the beginning. You may need more than aligners to align your teeth. You may need attachments (small transparent "handles" glued onto your teeth.)
3. Have reasonable expectations. your smile will be improved, usually with dramatic results. But orthodontics can only improve nature, we cannot perfect it!
4. It may be necessary to recountour large teeth, or smooth in-between teeth.
5. Teeth are not the only things that move. You may move or discontinue treatment. In any event, you will be fully responsible for 85% of your fee.
6. You will be ruined to make a short appointment every 4-6 weeks & given 2-3 sets of aligners at this appointment. Instructions for wearing these aligners will be given at this appointment.
7. Don't lose it. Save your last aligner. sometimes it is necessary to go back one or more aligners. There is an additional charge for lost aligners.
8. Excessive missed or delayed appointments will extend treatment time and may incur additional fees.
9. At the conclusion of orthodontic treatment, you will enter a "retention" phase, and will need to wear removable retainers at night. Retention is a life-long commitment to maintain you improved smile.
10. At the conclusion of treatment, you should visit your general dentist. Tooth whitening, laminates or veneers may be required for the finest results.

DO NOT PUT YOUR NAME ON THIS UNTIL YOU READ IT CAREFULLY!

* By checking this box, I acknowledge that I have read this statement and agree to the contents.

I have read the above and understand it. If there are any questions, please ask before you put your name on this form. I have also read and understand the "Informed Consent and Agreement for the Invisalign Patient." If requested, I will be given a copy of both forms and will keep them with my other important papers.

Patient Name: _____
Last First MI Preferred Name

Signature of patient, parent or guardian (responsible party):

Signature _____ Date _____

Date: * _____

Response Date: _____