



# PROPEL INFORMED CONSENT FORM

## Date



Month   Day   Year

## Patient Name

## Email

First Name   Last Name

example@example.com

Your treatment will involve a technique to accelerate your orthodontic treatment. There is no promise or guarantee that the treatment will finish at any specific date.

Although rare, there are specific risks associated.

The tissue around the treatment area could become inflamed or infected which could require the use of antibiotics or antimicrobial rinses. It is possible that an instrument could break (i.e. upon insertion or removal.) If this occurs, the broken piece may be left in your mouth or may be surgically removed. This may require referral to another dental specialist.

It is also possible that damage to the root of a tooth, a nerve, or maxillary sinus may occur. Usually these problems are not significant. However, additional dental or medical treatment may be necessary.

Local anesthetic may be used, which also has risk. Please advise the doctor if you have had any difficulties with dental anesthetics in the past.

If any of the complications mentioned above do occur, a referral may be necessary to another dental or medical specialist for further treatment. Fees for these services are not included in the cost of orthodontic treatment.

I understand that I will avoid the use of NSAID's (such as Advil or Aleve) for 4 weeks after Propel treatment.

## Signature of Patient or Guardian

## Date



Month   Day   Year

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## Print Name