

INFORMED CONSENT FOR DENTAL DEVICE THERAPY

Introduction: This informed consent form provides details about the recommended dental device therapy intended to address your temporomandibular joint disorder (TMD) symptoms. It is vital that you understand the nature of your treatment, its potential benefits, and considerations before proceeding.

Treatment Overview: Based on your medical history, clinical examination, and diagnostic tests, it has been determined that you would benefit from the use of a specialized dental device. This device is designed by your dentist with detailed specifications to support the optimal jaw posture, potentially alleviating many symptoms associated with TMD like muscle spasm, jaw joint noise and discomfort.

Treatment Protocol: To maximize the effectiveness of this therapy, it is critical that you wear the device consistently according to the instructions provided by your dentist over the next several weeks or months. Optimal results are typically achieved when the appliance is worn around the clock. This continuous wear helps in promoting joint healing and reducing muscle discomfort by maintaining your jaw in a new, more optimal posture.

Potential Adjustments in Bite Alignment: One notable effect of wearing the device is the possible alteration in how your teeth mesh together when biting down. This change is usually not attributed to tooth movement but rather to your jaw settling into a more beneficial position for joint and muscle comfort. It is important to:

- Report any changes in your bite to your dentist promptly.
- Follow your dentist's guidance closely to manage these adjustments.

Post-Treatment Considerations: Once your symptoms have substantially improved and your jaw has adapted to its new optimal position, your dentist will evaluate the need for further treatment. This could involve transitioning to part-time use of the device or exploring additional treatments to permanently restore your bite alignment. Potential follow-up treatments include:

1. Orthodontic Treatment
2. Restorative Dental Treatment
3. A Combination of Orthodontic and Restorative Treatments
4. Oral surgery

Risks: Although not common, there are risks associated with wearing a device which include but are not limited to decalcification, decay, inflammation of the teeth, inflammation of bone and gums, sores or irritation of the tongue, cheeks and lips, periodontal disease, separation of restorations such as fillings or crowns from the teeth, tooth movement, jaw pain, ear pain, muscle spasm, etc. The device may temporarily affect your speech or salivation. Excellent oral hygiene and prompt communication with your dentist is always recommended. In some cases, the dentist may decide to temporarily adhere a removable device to your teeth which can increase the chance of decalcification and decay. Though uncommon allergic reactions to the material may occur. If you believe you are experiencing an adverse reaction, STOP using your appliance and inform your dentist immediately.

Acknowledgment: By signing below, you acknowledge that you have read and understood the information provided in this consent form. Your dentist (not Myoaligner®) is responsible for determining indications of use, the treatment outcome, obtaining your informed consent, delivering the appliance, any adjustments, reviewing the care instructions, and managing your continued care. Successful treatment outcome cannot be guaranteed. You have had the opportunity to ask questions and discuss concerns about your treatment with your dentist.

Patient's Signature: _____ **Date:** _____

Dentist's Signature: _____ **Date:** _____