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RETENTION COMMITMENT CONTRACT TEMPLATE FOR USE IN CONNECTION WITH PATIENTS UNDERGOING CLEAR ALIGNER ORTHODONTIC TREATMENT

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YOU SHOULD CONSULT WITH A LAWYER FAMILIAR WITH THE LAWS OF THE RELEVANT JURISDICTION OR JURISDICTIONS BEFORE USING THIS RETENTION COMMITMENT CONTRACT TEMPLATE

RETENTION COMMITMENT CONTRACT FOR PATIENTS UNDERGOING CLEAR ALIGNER ORTHODONTIC TREATMENT

Your course of clear aligner orthodontic treatment is complete. You are now ready to begin the retention phase to maintain your new beautiful smile.

The retention phase of orthodontic treatment signifies the end of active orthodontic treatment and indicates that: [i] you consent that all teeth are in their final position and no additional teeth movements are anticipated or planned; and [ii] you and your doctor are satisfied with the current final position of the teeth. Your bite feels comfortable and closed, there is no pain or discomfort in your jaw, and there has been no damage to your teeth or their roots.

It is absolutely critical that you comply with your doctor's retention instructions if you wish to protect your hard work and investment made during active treatment. **This is the most critical part of your treatment and is essential to maintaining your results.**

Significance of Smile Retention

The retention phase of treatment comes after tooth movements using the aligners have been completed. Due to the tendency of teeth to shift in the human dentition, you can expect that your teeth will naturally begin to shift back to their original position once your prescribed course of clear aligner treatment is complete. **For this reason, retention is a lifelong commitment and you MUST follow the retention instructions prescribed by your doctor.**

Lingual Bars

Upon completion of your clear aligner treatment, lingual bars may be installed. These are rigid metal reinforcements placed behind your teeth to prevent them from moving.

You must clean around your lingual bar carefully and diligently every night to prevent plaque and gum disease.

Retainers

In addition, you will need to wear retainers indefinitely until your doctor tells you that you no longer need them. Retainers are to be worn full time, at least 22 hours a day, for the first two weeks of use. After the first two weeks, you may, with permission from your doctor, start to decrease the amount of time during which you wear your retainers by approximately two hours a day for each week.

After a few months of gradually wearing the retainers less frequently throughout the day, you may, with permission from your doctor, begin wearing your retainers at night only. Please keep in mind that decreasing the amount of time during which you wear your retainers depends on the retainers being comfortable and loose when placed in the mouth. If your retainers feel tight or you feel pressure, you must revert back to and repeat the schedule of the previous week.

You must wear your retainers every night for the first year of use. After the first year, you may, with permission from your doctor, begin wearing them every other night, provided that they are loose and fitting well; otherwise, you must continue to wear them every night.

Retainers should be replaced every nine to 12 months due to issues with cleanliness and firmness (*i.e.*, they feel too loose and/or you can remove them with your tongue).

You should bring your retainers to all future follow-up appointments so that your doctor can assess their fit and function and make adjustments as necessary.

Cleaning Your Retainers

Retainers should be cleaned with a toothbrush and water every time you brush your teeth. Toothpaste can dull the finish of your retainers. If calcium is depositing on your retainers, soak them for a few hours using a cleaning tablets or in a solution of white vinegar.

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Breaking or Losing Your Retainer or Lingual Bar

Each retainer is custom-made to exacting standards. However, a retainer may break if, for example, it is forced into place after the teeth have moved as a result of not wearing it as prescribed. **Please note that retainers can be easily crushed if not kept in the case when not being worn.** Also, keep in mind that hot air or hot water will distort your retainers, ruining their fit and function and possibly causing them to break.

The lingual bars can break with excessive force and pressure, so you must be careful not to use any unnecessary force while biting and chewing. If either your lingual bars or retainers are lost or broken, they should be replaced immediately.

If your lingual bar breaks, you MUST immediately begin wearing your last aligner until it is replaced to prevent your teeth from shifting.

Fees

Orthodontic retention may require additional fees not included in your cost of treatment. It is the patient's

responsibility to remit payment for this service at the time of retainer impression.

If you require additional treatment because of your failure to comply with your doctor's retention instructions, there will be an additional fee until your treatment is completed, as well as additional charge(s) to redo clear aligner treatment and have more aligners fabricated for correction, if necessary.

Your first set of retainers will be complimentary with your treatment. Replacement retainers will cost **\$ 400**_____.

If your lingual bar needs to be replaced within six months and it is still under warranty, no additional fee will be required.

If it needs to be replaced beyond the warranty period within the first year, there is a **\$200**_____ replacement fee. If it needs to be replaced after one year, there is a **\$300**_____ replacement fee.

Retention Commitment Contract Consent and Agreement

I have been given adequate time to read and have read the preceding information. I have discussed with my doctor and understand what is required of me to maintain the results achieved through the clear aligner orthodontic treatment system and the possible fees associated with retention. I understand that my course of treatment with the clear aligner treatment system is complete. I agree that my teeth are in the ideal position, and I am happy with the results.

I agree to follow my doctor's post-treatment retention plan exactly as my doctor prescribes, and I understand that any questions, concerns, or complaints I have regarding my treatment must be communicated to my doctor as soon as they arise.

I understand that retention of my teeth in their new position is a lifelong commitment and my responsibility. I further understand that **failure to follow the post-treatment retention instructions as provided herein and prescribed by my doctor may cause my teeth to move, negatively affect my results, and/or cause me to undergo additional treatment at my expense.**

A photostatic copy of this Commitment Contract shall be considered as effective and valid as an original. I have read, understand, and agree to the terms set forth in this Retention Commitment Contract and Agreement as indicated by my signature below.

**INFORMED CONSENT FORM FOR PATIENTS
UNDERGOING CLEAR ALIGNER ORTHODONTIC TREATMENT**

Patient Name

Signature of Patient or Parent/Guardian (if patient is a minor)

Date

Time

Signature of Dentist/Orthodontist

Witness Name

Witness Signature

Date

Time