DNA Appliance

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DNA APPLIANCE

This consent form is intended to ensure you fully understand the DNA Appliance treatment, its purpose, potential benefits, possible risks, aftercare requirements, and available alternatives. Please read carefully before signing. If anything is unclear, your dental professional will be happy to explain further before you proceed. The DNA Appliance is an orthodontic device designed to enhance the function of the jaws and teeth by stimulating the natural growth of bone and soft tissue. It is typically used to address issues such as misaligned teeth, jaw discrepancies, and obstructed airways. The DNA Appliance works by gently repositioning the jaw to optimise bite function and improve facial structure, with the goal of correcting issues such as overcrowding, overbite, underbite, and snoring. The benefits of the DNA Appliance include improved alignment of the teeth and jaws, enhanced facial aesthetics, better airway function, and reduction of symptoms such as snoring and sleep apnoea. It is a non-invasive, comfortable treatment option that promotes the body's natural growth processes, which may result in long-term improvements in both appearance and function. The device is custom-made to fit the patient's mouth and is worn during sleep, making it a convenient option for those seeking a non-surgical solution to orthodontic and airway concerns. As with all medical treatments, there are risks. Common side effects include mild discomfort, soreness in the teeth or jaw, and temporary changes in bite or speech as the appliance adjusts the teeth. Less common risks include irritation to the gums, increased salivation, or difficulty adjusting to wearing the appliance. In rare cases, the appliance may not work as expected, requiring further adjustments or alternative treatments. It is important to follow the prescribed treatment plan and attend regular check-ups to monitor progress and make necessary adjustments. Alternatives to the DNA Appliance include traditional orthodontic treatments such as braces, clear aligners (e.g., Invisalign), or surgical interventions in cases of severe jaw misalignment. Additionally, treatments for airway obstruction such as CPAP (Continuous Positive Airway Pressure) therapy for sleep apnoea or other dental appliances for airway management may be considered. Your healthcare provider will discuss the most appropriate treatment for your specific condition. Aftercare is important to ensure the best results and reduce the risk of complications. You should follow the prescribed instructions for wearing the appliance, cleaning it, and maintaining oral hygiene. It is essential to attend follow-up appointments to ensure the device is working properly and to make any necessary adjustments. You may also be advised to avoid eating certain foods or engaging in activities that could dislodge or damage the appliance. You must provide complete and accurate medical history, including any existing dental conditions, allergies, and current medications, to ensure the DNA Appliance is safe and appropriate for you. Informed Consent and Photography I have been advised of the relevant information associated with this treatment and I confirm that I fully understand this advice. This includes advice about: the aims/motivations for having the procedure and the desired outcome the risks inherent in the procedure the risks inherent in refusing the procedure the risks specific to me the expected benefits of the treatment the potential disadvantages of the treatment alternative procedures and their pros and cons – including the option of no treatment at all any uncertainties about and the likelihood of success of the procedure any follow-up treatment that may be required Clinical Photographs and Videos: I agree to and authorise the taking of clinical photographs and videos. I understand that these clinical photographs and videos will form part of and will be kept with my confidential medical records. I have been asked what information I want and would need in order to make an informed decision. I have been given the opportunity to discuss my desired outcome fully in order for me to make an informed decision. I certify that I have read the above consent and that I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. No new information has become available that affects my decision to have the treatment or my decision to consent. I hereby consent to this procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. All deposits and booking fees are non-refundable unless agreed to with the practitioner.

Do you understand the information you have been provided?

◯ Yes ◯ No

Do you feel sufficient information has been provided to you, to enable you to consent?

◯ Yes ◯ No

Has your consent been freely given?

◯ Yes ◯ No

Do you have any medical conditions?

◯ Yes ◯ No

Are you pregnant or breastfeeding?

◯ Yes ◯ No

Do you have a neuromuscular disease (e.g. MS, ALS, motor neuropathy myasthenia gravis, or Lambert-Eaton syndrome)?

◯ Yes ◯ No

Do you have an autoimmune disease?

◯ Yes ◯ No

Do you have any skin conditions?

◯ Yes ◯ No

Do you have any known allergies or have ever had anaphylaxis?

◯ Yes ◯ No

Do you have any active infection at the intended site of procedure?

◯ Yes ◯ No

Are you taking antibiotics or other prescription medications?

◯ Yes ◯ No

Is there any other Medical and/or Social History that we should know? If so, please provide full detail here.

What are your aims/motivations for having the procedure and the desired outcome? Please provide full details here.

Have you had this or a similar treatment before? If so, did you experience any problems? Please provide full details here.

Do you have any concerns? If so, please provide full details here.

Is there anything else we should know? Please provide full details here.

☐ I will retain this information throughout the course of my treatment and refer to it as required.