

INFORMED CONSENT FORM FOR THE ORTHODONTICS AND/OR DENTOFACIAL ORTHOPEDICS TREATMENT**IMPORTANT: PLEASE BRING THIS BACK TO OUR OFFICE AT THE PATIENTS' NEXT APPOINTMENT TREATMENT SHALL NOT BE STARTED OR SHALL BE TEMPORARY DISCONTINUED IF THE PATIENT FAILED TO RETURN THIS DOCUMENT**

Instructions To Patient: PLEASE DO NOT SIGN FIRST. Take this document home and read carefully. Note any questions The patient might have in the area provided ("Questions I have to ask my dentist") and the doctor will review it with The patient before the treatment commence. The patient should understand the procedure, time, cost and other alternative treatments, and accept the risks (with or without treatment) before signing this form. The patient agreed that not understand the content of this agreement shall not be an excuse if any dispute arises.

If The patient opted to start the treatment on the same day, please confirm The patient agrees the terms & condition and do not complained The patient had no given' enough time the read through or understanding the agreement.

VALIDITY OF THIS OFFER/QUOTATION:

If the patient is still considering whether to start his/her treatment, the prices **quoted in this document will remain valid for 1 (ONE) MONTH only.**

This offer/quotation is considered void if not accepted by the patient within the 1 (one) month period. The clinic/doctor reserves the rights *NOT* to start any treatments if this quotation not accepted by the patient within this 1 (one) month period. The patient may start the treatment later but the prices quoted will be subjected to review.

To enjoy the best price please return this original form to the clinic on the next visit, no replacement of this form will be issued. If the patient failed to return this form to the clinic due to lost etc, a separated consultation and diagnosis will be needed with a charge of RM200-350.

- The patient have the right to be informed about his/her diagnosis and planned treatment so that The patient may make a decision whether to undergo a procedure after knowing the risks and hazards. This disclosure is not meant to frighten or alarm the patient. It is simply an effort to make The patient better informed so that The patient may give his/her informed consent to the procedure.
- The standard of care requires that the doctors obtain his/her informed consent before dental/orthodontic treatments. What The patient is being asked to sign is simply his/her acknowledgment that The patient has been informed about the treatment for his/her condition and the known risks by conversations with the doctors and staff, printed materials providing such information regarding his/her treatment, and additional information provided. Please read this form carefully and feel free to ask his/her doctor about anything The patient does not understand before signing.

Patient's Full Name (hereinafter referred to as "I" or "I/We" or "Patient") As in APPENDIX 1.

Patient's NRIC As in APPENDIX 1.

Clinic/Office's Name (hereinafter referred to as "the clinic"): As in APPENDIX 1. The service provider is involved, amongst others in the provision dental and orthodontic treatments and is desirous at the request of the patient/client to provide to the patient/client, dental and orthodontic treatments ("the treatment" as hereinafter defined).

Doctor/Dentist's Name (hereinafter referred to as "the doctor") : As in APPENDIX 1. (Including any other agents and such assistants as may be selected by the Doctor)

Form/Document (hereinafter referred to as "this form and/or "/" and/or "this document INFORMED CONSENT FORM FOR THE ORTHODONTICS AND/OR DENTOFACIAL ORTHOPEDICS TREATMENT, AND THE FINANCIAL AGREEMENT.

General Interpretation and Definition

- In usu juris frequenter uti nos singulari appellationie, am plura significari vellemus. (Singular always includes plural.)
- Severability: If any section of this document is ruled illegal or invalid, such ruling shall not affect the validity or enforceability of the remainder of the provisions of the document. If at any time any part of this document becomes invalid, illegal or unenforceable in any respect, that invalid, illegal or unenforceable part shall be severed from the remainder of the of the document and the validity, legality and enforceability of the remainder of the document shall not be affected or impaired in any way. Further, the invalid, illegal or unenforceable part will be deemed superseded by a valid, legal or enforceable part that most closely satisfies the intention of the original part. The validity, legality and enforceability of the remainder of the agreement shall not be affected or impaired in any way.
- Entire Contract/Document. No Modifications: This document embodies the whole agreement of the parties. There are no provisos, terms, conditions, or obligations other than those contained herein, and this document shall supersede all previous communications, representations, or agreements, either verbal or written, between the parties hereto. None of the parties has any authority to waive, alter, or enlarge this contract.
- Time of Essence: Time is of the essence in the satisfaction of all terms of the agreements contracted in this document.
- Illustrations, pictures or any graphical representations, are solely artistic impression and may not applied directly to any particular case/patient.

Purpose of the Procedures

An exciting orthodontic treatment that can provide better health and comfort, improved appearance enhanced self-esteem.

As a general rule, positive orthodontic results can be achieved by informed and cooperative patients.

Thus, the following information is routinely supplied to all who are considering orthodontic treatment. While recognizing the benefits of healthy teeth and a pleasing smile, you should also be aware that orthodontic treatment has limitations and potential risks. These are seldom serious enough to indicate that treatment should be avoided, but they should be considered in making the decision whether or not to undergo orthodontic treatment. Orthodontic treatment usually proceeds as planned; however, as in all areas of the healing arts, results cannot be guaranteed, nor can all consequences be anticipated.

Orthodontics plays an important role in improving one's oral health, and in achieving balance and harmony and harmony between the teeth and face for beautiful, healthy smile.

Because of individual conditions present and the limitations of treatment imposed by nature, case-specific benefit may not be attainable for every patient. The unknown factor in any orthodontic correction is the response of the patient to the orthodontic treatment.

Orthodontics strives to improve the bite by helping to direct the forces placed on teeth, thus protecting them from trauma during ordinary everyday activities, such as chewing.

Orthodontics distributes the forces of chewing throughout the mouth to minimize stress on bones, roots, gum tissue and jaw joints.

Orthodontic treatment may eliminate dental problems; including abnormal tooth wear. It may also reduce tooth decay and future periodontal(gum) problems by making it easier to care for the teeth and gums by aiding good oral hygiene.

Typical Treatment Flow

This is a general description and may not fit his/her treatment plan totally:

Appointment through phone or internet:

If The patient need to get the result in the same day (combine first visit and second visit), please indicate this when The patient make the appointment so arrangement can be made.

First visit:

Initial Examination, Taking 2 X-ray and 2 Models. Basic Information and introduction.

Second Visit:

Second Consultation, Treatment Plan and options explained. If the patient wishes to start the treatment a non-refundable deposit of RM100 is required to secure an appointment. The deposit will be forfeited if the patient failed to attend or cancel the appointment without 3 hours prior notice.

The patient might do general dentistry (e.g. filling or cleaning) before or on the day putting on braces. Extractions if needed is NOT done until after 2-4 months later, 1-4 weeks before the planned extractions the teeth will be extruded and loosen slowly.

If the patient has not had the teeth cleaned, he/she will be requested to come 30 minutes earlier to do scaling and/or polishing.

Putting on braces:

Some photos will be taken before the brackets are bonded to the teeth. If you need special brackets such as Full Ceramic (White) brackets, self-ligating (DTC or Damon), please inform the doctor earlier, otherwise the standard stainless steel (grey/silver colour) brackets will be use. Depending on the situation, bracket can be put on one or both jaws at this appointment.

The patient will be briefed on how to take care of the braces, A check list will be given on how to reduce discomfort, what tooth brush to use etc. The patient may choose to purchase interdental brush, soft wax etc at the counter or his/her chosen shop.

For first few days the patients might feel some tenderness. Do not rub the tongue/cheek/lip against the braces. Some people might feel nothing but some people may feel tender, developing ulcer or need to take soft food for 1 week, depend on personal tolerance & perception.

Separator: sometimes if a band instead of bracket needed to be placed on molar tooth, a soft plastic ring usually blue in colour) may be inserted between the teeth to create a small gap between the teeth. Do not floss on the gap with the separator. After the gap is big enough, the plastic may drop off.

If extraction has been done, teeth may be pull/push to the back with elastics/spring, gaps may be appear at the front part of the mouth, temporary.

Extraction will be discussed again.

FAQ: What is the colourful dots on the brackets? The dots are the colour coding so that the doctor can orientate the brackets (upper lower, left right) with out confusion. It is harmless food colourant and normally will fade within the first month.

FAQ: Can I change the colour of the brackets.- No. The colour of the brackets are grey (stainless steel) or ceramic (white). But you can choose the colour of elastics (O-ring) which tie of the brackets. Silver is the most durable, white colour is more beautiful but it will attain if you take curry.

Normally the patient is asked to come back to tighten/change the wire in 1-2 months.

Review/Adjust

The wires will be progressively and slowly changed to bigger and stiffer wires. Wire might not be change every visit.

Sizes and Materials of wire – typical wire changing sequence

	012"	014"	016"	018"	020	017x025"	019x025"	021x025"
Stainless Steel				8	3		5	7
Nickle Titanium (NiTi) -softer	0	1	8	2,8	3		4	6

0-not used except in very severe crowding or rotation

7-biggest and stiffest wire used to adjust the angulation of the teeth

8-may be needed if detail finishing and minor adjust is needed.

NOT every visit the wires/elastics/accessories need to be changed

Remove wire

The doctor will ask the patient to go home and see if any things needed to be change.

Wire may be removed temporary for a few weeks to evaluate the stability of the result

Remove wire and brackets.

If there is rotation, spacing, crowding etc, putting back the wire might be necessary.

If the patient is satisfied with the arrangement of the teeth, the brackets/band will be removed from the teeth. The surface of the teeth is smoothen. Scaling and polishing will be done. 2 set of moulds/impression will be taken , 4 models (Upper and Lower 2 sets each, 1 set if patient doing single jaw) will be made-2 of the models will be sent to make retainers, 2 other will be given to patients for safekeeping.

Retainer will be finished in 1-2 weeks, the clinic shall call the patient for an appointment.

Retainers

Retainers are adjusted and tightened. The patient need to bring the retainer every time during the review/adjust visits.

Review/Adjust the retainers

About 2-3 month once, up to 24 months. A fixed retainer may be considered after that.

Risks

In the vast majority of orthodontic cases, significant improvements can be achieved. While the benefits of a pleasing smile, face and healthy dentition are widely appreciated, orthodontic treatment remains an elective procedure. It, like any other treatment of the body, has some inherent risk and limitations. These are seldom serious enough to contraindicate orthodontics, but should be considered in making the decision to undergo treatment. The patient is therefore urged to read the following information, ask any questions that may come to mind, then (after the patient is completely satisfied with our explanations) consent to our treating The patient or his/her child by signing this form. This is a standard procedure in the clinic.

All forms of medical and dental treatment, including orthodontics, have risks and limitations. Fortunately, complications are infrequent in orthodontics, and when they do occur, they are usually of minor consequence. Nevertheless, they should be taken into account in deciding whether to undergo orthodontic treatment. Some of the primary concerns involved in orthodontic treatment may include:

DECALCIFICATION(TOOTH DISCOLORATION) and/or decay

Tooth decay, gum disease, or permanent white markings (decalcification) on the teeth can occur, particularly if the orthodontic patient eats foods containing excessive sugar and/or does not brush his/her teeth frequently and properly. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances. These problems may be aggravated if the patient has not had the benefit of fluoridated water or its substitute.

The avoidance of chewing hard and sticky foods will help keep band and brackets from loosening. This, the reduction of sugar intake, and reporting any loose bands as soon as they are noticed will help minimize decay and gum problems. It is important to brush his/her teeth and gums immediately after eating. This will prevent decalcification of teeth -- the white, soft enamel areas that can become decay.

NONVITAL TOOTH : USUALLY THE RESULT OF AN INJURED TOOTH.

A tooth/teeth may have been traumatized by an accident or a tooth may have large fillings that can cause damage to the nerve of the tooth. Orthodontic tooth movement may, in some cases, aggravate this condition and in some instances necessitate root canal treatment. An injured tooth can die over a period of time with or without orthodontic treatment. This tooth may flare up during orthodontic movement and would require root canal treatment. Discoloration of a nonvital tooth may be noticed after treatment has started or following appliance removal. Devitalization is seldom due to orthodontics.

SENSITIVITY

When the teeth are actively move or the wires pressure on the teeth, so teeth may experience temporary sensitivity especially during brushing, taking cold/sweet/sour/hot food/drink. You need to avoid the irritating food/drink or use some sensitive tooth paste.

ROOT RESORPTION : SHORTENING OF ROOT ENDS.

This can occur with or without orthodontic treatment. In some patients, the roots of some teeth may be shortened during orthodontic treatment. Under healthy conditions the shortened roots usually are no problem. Injury, impaction, endocrine or idiopathic disorders can also be responsible.

Usually this shortening is minimal and does not have significant consequences, but on rare occasions it may become a threat to the longevity, stability and/or mobility of the teeth involved.

IMPACTED TEETH : TEETH UNABLE TO ERUPT NORMALLY.

In attempting to move impacted teeth (especially cuspids) various problems are sometimes encountered which may lead to loss of the tooth or periodontal problems. The length of time required to move such a tooth can vary considerably. Occasionally twelve year molars may be trapped under crowns of six year molars consequently the removal of third molars may prove necessary.

TEMPORO-MANDIBULAR JOINTS (TMJ) : THE SLIDING HINGE CONNECTING THE UPPER AND LOWER JAWS.

Occasionally problems may occur in the jaw joints, i.e., temporomandibular joints (TMJ), causing pain, headaches or ear problems. These problems may occur with or without orthodontic treatment. Any of the above noted symptoms should be promptly reported to the dentist.

Possible problems may exist or occur during or following orthodontic treatment. Tooth position and bite can be a factor in this condition. An equilibration may be recommended after appliances are removed to improve occlusal

relationship. TMJ problems are not all "bite" related. Most individuals that have a TMJ problem have never had orthodontic treatment.

GROWTH PATTERNS : FACIAL GROWTH OCCURRING DURING OR AFTER TREATMENT.

Uncorrected finger, thumb, tongue or similar pressure habits; unusual hereditary skeletal patterns; and insufficient or undesirable growth can all influence results, effect facial change and cause shifting of teeth during or following retention (a period where the teeth are maintained/hold together even after removal of the braces). Surgical procedures can frequently correct these problems. On rare occasions it may be necessary to recommend a change in the original treatment plan.

RELAPSE : MOVEMENT OF TEETH FOLLOWING TREATMENT.

Teeth may have a tendency to change their positions after treatment. Proper wearing of retainers should reduce this tendency. Throughout life the bite can change adversely from various causes, such as tension of the lips, eruption of wisdom teeth, genetic influences which control the size of the tongue, the teeth and the jaws, growth and/or maturational changes, mouth breathing, playing of musical instruments and other oral habits-all of which may be beyond the control of the dentist. There are times when tooth and/or jaw position may change adversely following treatment to a degree that additional treatment is recommended. The extent of further treatment would depend on, among other things, the nature of the problem and might involve a variety of potential treatment modalities, including the replacement of braces. Settling or shifting of teeth following treatment as well as after retention will most likely occur in varying degrees. Some of these changes may or may not be desirable. Rotations and crowding of *lower anterior teeth* are most common examples. Slight spaces in the extraction site, or between some upper anterior teeth, open contacts (gaps) after orthodontic treatment are other examples. At times we advise the wearing of a retaining appliance every night or a few evenings each week for an **indefinite period**. If the patient has very high demand and wants the teeth as at the day that the braces were removed, the patient may consider **LIFE LONG RETENTION**, The RETAINERS either can be removed from the mouth or fixed on back of the teeth.

PERIODONTAL PROBLEMS : GUM INFLAMMATION, BLEEDING AND PERIODONTAL DISEASE.

The bone and gum tissue which support the teeth may be affected by orthodontic tooth movement if an unhealthy condition already exists, and in some rare cases where it doesn't. In general, however, orthodontic treatment lessens the possibility of tooth loss or gum infection due to misalignment of the teeth or jaws. Inflammation of the gum tissue and loss of supporting bone can occur particularly if bacterial plaque is not removed daily through good oral hygiene.

Swollen, inflamed and bleeding gums can usually be prevented by proper and regular flossing and brushing. Periodontal disease can be caused by accumulation of plaque and debris around the teeth and gums, but there are several unknown causes that can lead to progressive loss of supporting bone and recession of the gums. Should the condition become uncontrollable, to avoid further bone/tooth loss ,orthodontic treatment may have to be discontinued short of completion. This would be rare, and usually only in adults with a pre-existing periodontal problem.

LACK OR LOST OF BONE or GUM: Bone is expected to be thin when 2 teeth are jammed together, the crest or tip of the bone may be lost after the teeth aligned, "black triangle" due to gum reduced and food impaction may arise. When a tooth (especially upper second incisor) is jam behind a tooth, the bone at the this side is expected to be thin. Bone modification may happen but even though the root is push as lip-side (labial) as possible, relapse may happen where the lateral incisors are 0.5-1mm inside than the central incisor. Upon patient's request the doctor may over torque the root more labial but may cause the root perforate the bone and root canal may be needed at the patient's cost. Patients with thin gum'bone might have increase risk of bone lost.

UNUSUAL OCCURRENCES:

Swallowing an appliance, chipping a tooth, dislodging a restoration, an ankylosed tooth, an abscess or cyst, alveolar bone perforation may occur but these are rare.

When clear or tooth colored brackets have been used, there have been some reported incidents of patients experiencing bracket breakage and/or damage to teeth, including attrition and enamel flaking or fracturing on debonding. Fractured brackets may result in remnants which might be harmful to the patient.

Orthodontic appliances (braces) are selected to provide a specific therapeutic result. The type of appliance, construction and material content may vary. Some patients may have allergies to component materials that may result in adverse reactions and require alteration or cessation of orthodontic treatment with corresponding limits on success of therapy. Although exceedingly rare, medical management of dental material allergies may be required.

GROWTH, DEVELOPMENTAL AND INHERENT PROBLEMS:

Development and eruption of teeth is a complex, process. Occasionally, primary teeth become fused to the bone (ankylosis) and will not move. This is particularly true when there is no permanent successor'(tooth underneath). The fused primary tooth then remains lower than the rest of the teeth which continue to erupt during normal development. This problem can also occur with. permanent teeth.

Atypical formation of teeth, or abnormal changes in the growth of the jaws may limit our ability to achieve the desired result. At times, changes after treatment require additional treatment or, in some cases, surgery. Growth disharmony and unusual tooth formations are biological processes beyond the dentist's control. Growth changes that occur after active orthodontic treatment may adversely alter the treatment results.

AGE CHANGES:

With the increase of age,

- The lips may lose tone/tension and become more flat/thin, hence it is not advisable to push the teeth too back(too in) that the lips/face may look sunken in older age.
- The teeth are generally drifting or tilting forward, **especially the lower front teeth may imbricate or overlap.**
- There is no solid prove that the last tooth (wisdom tooth) will push the front teeth and causing crowding/jam in the front. However, some patients may choose to take out the wisdom teeth, but they should be aware of the related risks.
- In young adult, bone growth, especially if the lower jaw too out, may be very difficult to be predicted and controlled. Surgery may be advised in extreme cases eg. on adulthood.

Third Molars

As third molars (wisdom teeth) develop, his/her teeth may change alignment. He/She should monitor them under his/her usual dentist in order to determine when and if the third molars need to be removed.

If the patient wants to push molar teeth backward using microscrew, extraction of third molar might be necessary.

DELAYED DECISION/EXTRACTION:

For any reason if the patient is not sure whether to do both jaw or to extract a particular tooth, The patient can do one jaw first or not to extract a tooth. If The patient delayed braces on one jaw, a concession rate will be given when The patient have decided to do braces in both jaws; however, the price charged will be counted from the first day of the appliance placed on the FIRST jaw. Delayed in decision or extraction may cause treatment time be lengthened and hence extra-charges. The doctor shall not be responsible for any treatment of either jaw starting or finishing late.

UNUSUAL TREATMENT PLANNING/EXTRACTION:

For typical moderate to severe crowding/protrusion cases, first or second premolars may need to be extracted. For any reason, other teeth (incisors, molars, third molars etc.) may need extraction due to decay/hopeless/blocked, gum/midline problems etc, the treatment time may be prolonged.

FULL CORRECTION: LIMITATION /COMPROMISE:

- Full correction of the teeth and/or bite might *not* be possible in some cases due to age, gum or bone problems, local abnormalities (e.g. size or shape of teeth), unfavorable skeletal growth, lack of patient cooperation, early termination or resistant to treatment etc.
- Crowded teeth, spacing between teeth, excessive protrusion, anterior open bite, anterior crossbite, TMJ symptoms, excessive protrusion/overjet, full retraction, facial appearance unaesthetic, excessive gingival display, bite correction may be incomplete.
- Number of teeth different from one side from the other due to non-extraction of opposite teeth: upper and lower midlines may not coincide with each other or not coincide with facial midline
- Lack of back teeth to push back front teeth: back teeth may move/tilt forwards.
- Due to the wide variation in the size and shape of teeth, or missing teeth, achievement of an ideal result (for example, complete closure of space) may require restorative dental treatment. The patient may have gaps due to previous extractions or rotten, hopeless teeth /retained roots that may need extraction. The gaps may be complicating the orthodontic treatment. The most common types of dental treatment are cosmetic bonding, crown and bridge restoration and/or periodontal therapy. The patient is encouraged to ask questions about adjunctive dental and medical care.
- If phase I orthodontic is carried out in childhood, more orthodontics due to maturation may be expected but the phase II treatment would be relatively less difficult.
- Compromised treatments may be chosen by patient due to cost, time, and unwillingness to extract etc.
- At NO time the clinic could guaranty a perfect result.

POSSIBLE COMPROMISES OR SIDE-EFFECTS:

- Extraction if needed will cause bone resorption.

- Extraction on one side usually resulted in the midline of front teeth no coincide with midline of the mouth or the midline of the opposite jaw.
- Sometimes extraction can be avoided by grinding less than 1mm from the gap between the teeth. Grinded teeth need more cleanliness attention.
- One jaw treatment more difficult to control the bite.

OCCLUSAL ADJUSTMENT

You can expect minimal imperfections in the way his/her teeth meet following the end of treatment. An occlusal equilibration procedure may be necessary, which is a grinding method used to fine-tune the occlusion. It may also be necessary to remove a small amount of enamel in between the teeth, thereby "flattening" surfaces in order to reduce the possibility of a relapse.

PATIENT COOPERATION : AN IMPORTANT FACTOR IN COMPLETING TREATMENT ON TIME.

The insufficient wearing of ELASTICS, removable appliances, headgear or neckstrap; broken appliances and *missed appointments* prevent our obtaining the desirable jaw growth anticipated. These factors can lengthen treatment time and adversely affect the quality of treatment results.

If the patient is shifting or going for vacation more than 2 month, please inform the doctor earlier so arrangements could be made to get the maximum efficiency out of the appliances the patient is wearing.

DISCOMFORT:

Orthodontic appliances are composed of very small parts connected together. They could be accidentally swallowed, aspirated, or could irritate or damage the oral tissues. Cheeks, tongue and lips may be scratched or irritated by loose or broken appliances or by blows to the mouth. Post-adjustment tenderness should be expected, and the period of tenderness or sensitivity varies with individuals and with the procedure performed. (Typical post-adjustment tenderness may last **24-48** hours.) You should inform his/her dentist of any unusual symptoms or of any broken/loose appliances, as soon as they are noted.

Patients may inadvertently get scratched, poked or receive an injury to a tooth with potential damage to or soreness of oral structures. Abnormal wear of the teeth is Also possible if a patient grinds the teeth excessively.

DENTAL CHECK-UPS :

All necessary dentistry must be completed prior to our starting orthodontic therapy. It is essential that the patient maintain their regular examinations every six months during the treatment period. Adults must visit their dentist, hygienist or periodontist for scaling and cleaning every three to five months while being treated.

SINGLE SIDE/ARCH TREATMENT:

Sometimes for treatments that are not too complex, you may choose to treat upper OR lower jaw, not both. What the patient is charged is for only one jaw. In case of any unwanted effects developed (e.g.: bite does not seat well, upper and lower teeth not co-ordinated etc.), and you need to do on the other jaw, price for 2 jaws shall be charged in full.

NECKSTRAP OR HEADGEAR RETRACTION : INSTRUCTIONS MUST BE FOLLOWED CAREFULLY.

If inappropriately handled, or when impacted, a headgear may cause injury to the face or eyes, even blindness. There have been a few reports of injury to the eyes of patients from wearing headgear. Patients are warned not to wear their headgear or appliances during times of horseplay, playing sports or other competitive activity. Although our headgears are equipped with a safety system, we urge caution at all times.

Safety devices have been developed and are being used, but there is currently no fool-proof device to prevent injury if a patient is careless. If a bow-arch is pulled out while the elastic force is attached, it can snap back and cause injury.

Medical Problems

General medical problems, such as bone, blood or endocrine disorders, long term usage of medicines e.g. steroid or non-steroidal anti-inflammatory drugs (NSAIDs), can affect orthodontic treatment.

You should keep his/her dentist informed of any changes in his/her health.

Specialists:

You should understand that you have the option to seek the services of a orthodontic *specialist* but have chosen to have us to perform the orthodontic treatment to the best of our abilities and limitations in the *general practice*.

Racial Differences:

Asian (Malay, Chinese, Japanese etc. except Indian) usually have more protruding lips, lower nose and backward forehead compared to the Caucasian(White) and Indian, whom have flatter lips, higher nose and forwards forehead. Other than functionality, orthodontic treatments should be targeted to improve facial harmony as a whole and not a template of some superstars or celebrities. Generally, patient with more protruded lips or open lips/mouth (even at rest) would has problem end up needing some extractions.

Debond, Deband: Removal of Braces

Braces may be removed if the patients satisfied with the current result. The brackets and bands will be removed and the teeth polished but a thin transparent layer will be left of the tooth surface (avoid cutting on to the tooth surface). The patient's tooth brush and tooth paste will act as the best and gentle polisher. Should the transparent layer become discoloured, it will be polished during the routine maintenance visit at patient's cost.

RETENTION

After the retainer(s),if any, had been issued, it is his/her duty to wear them as instructed and **BRING THEM WITH YOU TO THE CLINIC DURING EVERY REVIEW/ADJUSTMENT VISIT.** A minimal cost will be charged for examination without adjustment if you booked his/her appointment without bringing the retainer(s) with you. For the first set of retainer, minimal cost will be charged. You may need a replacement due to worn, lost, damage etc, additional set will be charged at usual price.

A typical retention period may range from 2 YEARS and even lifelong wearing. Please do not discontinue the retainer suddenly without advice from the doctor. If in doubts please consult the doctor. You may need replacement of the retainer due to lost, wear and tear, unit etc, the cost of subsequent retainers shall be without concession and be charged as usual.

If you want to reduce his/her cost during the retention period, you may come at the appointment times stated as the Student Price

TIME:

The total time required to complete treatment may exceed the estimate. Excessive or deficient bone growth, poor cooperation in wearing the appliances or elastics the required hours per day, poor oral hygiene, broken appliances, missed appointments and other factors can lengthen the treatment time and can adversely affect the quality of the end result. Sometimes wires are removed temporary: to evaluate the stability of the teeth for example

- i) Previously severely malpositioned/protruded/retruded teeth
 - ii) Previously rotated teeth
 - iii) previous extraction space,
- and this will lengthen the treatment time.

Every effort will be made to complete the services in the shortest period of time consistent with correct treatment. In the event that the time of treatment is extended due to poor oral hygiene, appliance breakage, lack of cooperation (e.g.: missing appointments) or unfavorable growth, an additional fee will be charged per visit until completion. However, the actual treatment time will be largely dependent upon the maintenance by the patient of good oral hygiene, care of the appliances, and the faithful following of instructions.

Please let the doctor know in advance in case the patient is away for more than 1 month:	Approximate date
Shifting/ migrating: National Service: Graduation: Traveling: Long holiday/vacation(more than one month): Outstation/Overseas: Finish studying: Wedding/Taking photos: Hospitalization/MRI Imaging near the jaw area: (Metal braces may needed to be removed temporary) Others:	

Possible Alternatives

For the vast majority of patients, orthodontic treatment is an elective procedure. One possible alternative to orthodontic treatment is no treatment at all. You could choose to accept his/her present oral condition and decide to live without orthodontic correction or improvement. Alternatives to orthodontic treatment for any particular patient depends on the specific nature of the individual's orthodontic problem, the size, shape and health of the teeth, the physical characteristics of the supporting structure and the patient's aesthetic considerations.

Alternatives could include, but not be limited to:

1. Extraction versus treatment without extraction;
2. Orthognathic surgery versus treatment without orthognathic surgery;
3. Possible prosthetic (false teeth) solutions; and
4. Possible compromised (less than ideal) approaches.

The patient may wish to discuss possible treatment alternatives or other treatment questions with his/her dentist prior to beginning his/her orthodontic care.

If the treatment plan presented by his/her dentist includes surgical movement of the jaws as well as orthodontics, the following items should be considered in making the decision to proceed with treatment.

Movement of teeth with orthodontic appliances prior to the orthognathic surgery is done to position them in their respective jaws, not to correct the bite in the present jaw position. The appearance and bite may actually worsen during this phase of treatment.

Changing the treatment plan at the patient's request from a surgical to a non-surgical treatment can cause increased treatment time and/or a compromise in the treatment results.

A change in treatment plan should also be discussed with his/her family dentist and oral surgeon.

Orthognathic (jaw) surgery can create financial concerns. A consultation with an oral and maxillofacial surgeon before treatment begins is helpful in making the decision whether or not to proceed with the proposed treatment plan.

MONEY/COSTS/PAYMENT:

Orthodontic treatments are complex, time consuming and never come cheap. But the cost should not barrier the patients from receiving proper treatments. Please read the FINANCIAL AGREEMENT FOR ORTHODONTIC TREATMENT carefully, regarding all the costs/charges/extra-charge. If the patient could not afford, please ask the doctor how The patient can finance his/her treatments or get a loan.

QUESTIONS/PROBLEMS: (Questions I have to ask my dentist).

If The patient have any questions/problems please write down here:

- 1.)
- 2.)
- 3.)

The patient have been given chances to ask questions and the doctor is most willingly to answer them. Please use separate piece of paper if the above space is not enough.

This disclosure statement is provided to The patient to avoid any misunderstandings that may arise. By signing this contract, The patient certify that he/she has read, understood and received/photocopied a copy of the foregoing statement. We are looking forward to a pleasant association and a satisfactory orthodontic result that will provide The patient with a more beautiful smile. We would like to thank The patient in advance for his/her cooperation.

Again, it is our intent to inform The patient of the myriad of possibilities that exist as potential problems. Most of these conditions occur rarely. There may be other inherent risks not mentioned. The patient should be aware that these things could happen. If any of these conditions should develop, every effort will be made to refer the patient to the appropriate therapist. Treatment of human biologic conditions will never reach a state of perfection despite technological advancements. His/her treatment depends on a close professional working relationship. Patients should feel free to inquire about any aspect of their treatment. Understanding and cooperation are essential for the results we both seek.

ACKNOWLEDGEMENT OF INFORMED CONSENT and CONSENT TO UNDERGO ORTHODONTIC OR DENTOFACIAL ORTHOPAEDIC TREATMENT

I FURTHER CERTIFY THAT:

- I hereby acknowledge that the major treatment considerations and potential risks of orthodontic treatment have been presented to me.
- I consent to the making of diagnostic records, the taking of photographs, x-rays and other related records before, during and after treatment, and to the use of it by the doctor in for purposes of professional examinations, presentation, scientific papers, demonstrations or display, professional consultations, research, education, or publication in professional journals.. I hereby give my permission for the use of the orthodontic records, including photographs, made in the process of examinations, treatment, and retention.
- I fully understood and accept the Privacy and Personal Data Protection Policy that is displayed on the clinic notice board and website www.gigi.my.
- I certify that I have read or had read to me the contents of this form. I understand and agree that my initial on each page along with my signature below will be considered conclusive proof that I have read and understand everything contained in this document. I have had an opportunity to take this form home and had to read and fully understand this form before signing it. I also understand that there may be other problems that occur less frequently or are less severe, and that the actual results may be different from the anticipated results.
- The dentist(s) had/have discussed the orthodontic treatment with me. I have my questions discussed and fully answered. The doctor answered my specific queries and concerns to my satisfaction. I have been asked to make a choice about that treatment. I have been presented information to aid in the decision-making process, and I have been given the opportunity to ask the above dentist(s) all questions I have about the proposed orthodontic treatment and information contained in this form.
- I understand English OR this document was explained in the language that I could fully understand the terms and words within this document and related documents, and that all blanks were filled in where applicable.
- My signature and/or initials below signifies that I understand the treatment that is proposed to me together with the known risks and complications associated.
- I fully understand all of the risks associated with the treatment. I have been given sufficient information and I hereby give my informed consent to proceed with the orthodontic treatment.
- I realize and accept all the possible risks and limitations involved, the terms and conditions stated in this document.
- I have photocopied/received a copy of this form or its acknowledgment/return page to take home with me.

AUTHORISATION OF PATIENT INFORMATION

I hereby authorize the above dentist to provide other health care providers with information regarding the above individual's orthodontic care as deemed appropriate. I understand that once released, the above dentist(s) and staff has(have) no responsibility for any further release by the individual receiving this information.

Temporary Anchorage Devices (Micro-screws)

His/her treatment may include the use of a temporary anchorage device(s) (i.e. metal screw or plate attached to the bone.) There are specific risks associated with them. It is possible that the screw(s) could become loose which would require its/their removal and possibly relocation or replacement with a larger/longer screw. The screw and related material may be accidentally swallowed. If the device cannot be stabilized for an adequate length of time, an alternate treatment plan may be necessary. It is possible that the tissue around the device could become inflamed or infected, or the soft tissue could grow over the device, which could also require its removal, surgical excision of the tissue and/or the use of antibiotics or antimicrobial rinses. It is possible that the screws could break (i.e. upon insertion, during function or removal.) If this occurs, the broken piece may be left in his/her mouth or may be surgically removed. This may require referral to another dental specialist. When inserting the device(s), it is possible to damage the root of a tooth, a nerve, or to perforate the maxillary sinus. Usually these problems are not significant; however, additional dental or medical treatment may be necessary. Local anesthetic may be used when these devices are inserted or removed, which also has risks. Please advise the doctor placing the device if The patient 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 his/her usual dentist or another dental or medical specialist for further treatment. Fees for these services are not included in the cost for orthodontic treatment.

IF SURGERY IS AN OPTIONS:

SURGICAL OPTION/SUPPLEMENT

Oral surgery, tooth removal or orthognathic surgery (surgical realignment of jaws) may be necessary in conjunction with orthodontic treatment, especially to correct crowding or severe jaw imbalances. The patient should discuss the risks involved with treatment and anesthesia with his/her general dentist or oral surgeon before making his/her decision to proceed with this procedure.

If the orthodontic treatment plan includes correction of the malocclusion by orthodontic appliance (braces) therapy in conjunction with orthognathic (corrective jaw) surgery, I understand that if oral surgery is necessary in conjunction with the above patient's orthodontic treatment. I authorize the office(s) of the above dentist(s) to communicate with the surgeon and release information from the above patient's treatment record to the designated surgeon. I acknowledge that expenses incurred from the surgery are separate from orthodontic treatment expenses, and I will be responsible to the surgeon and hospital for all such expenses.

I understand that if I do not complete the surgical component of the treatment plan that I may have a compromised treatment result and other complications. I hereby agree not to hold the above dentist(s) and staff liable for any compromised treatment resulting from my failure for any reason to follow the treatment plan.

FINANCIAL AGREEMENT FOR ORTHODONTIC TREATMENT

ORTHODONTIC AND BASIC FEES:

The patient and/or parent and/or guardian are responsible for all fees for services rendered in the clinic.

- **INCLUSIONS:** The basic fees included during the treatment period

1. Photographs (if necessary),
2. Band and brackets, cements, silver/clear/tooth coloured O-ring, open/close coil spring, elastic, normal wires.
3. Replace 2 pieces of broken/detached bands/brackets for free of charge (patient or doctor broken alike). NO free replacement for Proprietary Brackets such as IP, Damon etc.
4. Minor adjustment (on enamel) of size and/or shape of the teeth, before during and within 3 months since debonding.
5. Regular check-up and oral hygiene advises will be provided free of charge.
6. Reduce tooth size between the teeth(proximal trimming) is free.

- **EXCLUSIONS/Extra Costs:**

Each patient is unique and their expectations and requirement different from each other. Some patients might require or request for extra services before, during or after orthodontic treatment. The basic fees do NOT include the following:

1. All charges for pre-treatment preparations and/or general dentistry e.g.:
 - Initial examination, consultation, diagnosis and treatment plan, case analysis.
 - Preventive treatments: (e.g.: cleanings, scaling and air/powder polishing, fluoride).
 - Oral surgery (e.g.: extractions, fibrectomy, corticotomy, wisdom tooth removal).
 - Implantology: implants, mini-implants for orthodontic, mini-implants for holding prosthesis.
 - Restorative (e.g.: bonding, filling, veneer, crown, bridge, root canal therapy etc) before or after orthodontic treatment.
 - Periodontal treatment (e.g.: root planning, curettage, gingivectomy and gum surgery).
 - Cement removal on the braces removal visit might be charged RM100 per jaw in addition to the normal scaling and polishing charges.
2. Charges for lost appliances, repair of appliances damaged through negligence, missed appointments. However, replacements of debonded/debanded (due to any reasons caused by the patient or the doctor) brackets/bands are charged at cost price. However, The patient is entitled to first 2 pieces of replacement free of charge (single arch: 1 piece).
3. Special order brackets (e.g. IP (Individual Prescription), Damon, Tooth coloured Ceramic or plastic brackets, headgear, neckstrap and accessories are extra charged.
4. Special order wire e.g CuNiTi wire (Damon), tooth colour coated.
5. All x-rays (e.g.: bitewing, periapical, cephalometric [CEPH], orthopantomogram [OPG])
1 OPG and 1 CEPH may be needed before, during and at the end of treatment.
3D Cone Beam Computerized Tomography (3D CB3T) may be needed in more submerged/impacted teeth or in difficult cases. If patient not wishing to take final X-ray due to pregnant, the X-ray will be taken after confinement. If patient wants to save cost, the patient should chose "X-ray with no copy" which is RM25 cheaper (per exposure) than the "X-ray with copy" charge.
6. Retentive appliances (**temporary or permanent retainers**), and their **subsequent replacement**, after orthodontic treatment are NOT included in the orthodontic fee.
7. If The patient wish to discontinue treatment in the clinic for any reason, an additional *debanding fee* of RM200 (Ringgit Malaysia One Hundred Fifty) per jaw will be due and owing at termination, excluding cleaning/polishing/retainer fee.
8. **Mini/micro implants** (Temporary Anchorage Devices) to help to push/move/pull/stabilize the teeth. Mini-implants are especially useful if the front teeth needed to be push up to reduce gummy smile. They also can be use as power source to be placed at the back (especially if there are few or no back teeth remaining) to help pulling in the front teeth,
9. For younger or growing patient (6 to 12-year old, with milk teeth and permanent teeth), *Phase 1* orthodontic treatment may be needed *before all permanent teeth come out(excluding wisdom teeth)*. After Phase 1 has been completed and all the relevant permanent teeth came out, a *Phase 2* treatment is necessary later needed for retention or to improve the result after Phase 1, the fee and payment option will be established at this time. These services (Phase 2) are NOT included in the initial quote of orthodontic fee.
10. RETREATMENT of orthodontic problems inside or outside the clinic is NOT included in this contract. If there is minor correction the patient wished to adjust, for example, lower front teeth rotation, removable aligner eg. Invisalign, MBrace, Smartee can be chosen at patient own cost.
11. Transfer/duplicate of any records or other diagnostic tools (e.g. treatment notes, X-ray films, models etc) shall be charged accordingly. The copyrights of the records remains to be clinic's properties.
12. Removal of braces (due to taking photos, wedding, CT Scan, medical reasons etc) and subsequent reinstallation will be subjected to amount equivalent to the "INITIAL TREATMENT FEE", and also scaling/polishing/cleaning fees.
13. Any Orthognatic/Jaw Surgery preparation before and after e.g X-ray, measurement/tracing, models, mounting on artificial jaw, template, extra accessories/hooks etc. Case send for jaw surgery will be charged extra of RM1500, regardless if the patients goes to the clinic usual surgeon or engage his/her own surgeon.
14. Bleaching and topical fluoride.

15. O-ring is free, but the default colour is silver or clear. But if The patient wish use (i)other default colour oring, or (2)new O-ring and want to discontinue/discard the of O-ring that The patient have chosen, RM0.50 per piece of O-ring (or RM12 per row/stack of 22 o-rings) will be charged for the wasted O-ring. Please be reminded that brighter coloured O-ring/Elastics may prone to become yellowish with food/drink that stain.
16. The treatment may be finished/detailing with clear aligners, the design, fabrication of aligners are not inside the charge.
17. Treatment records is charged at RM250 per copy.
18. Other enhancement during or after braces e.g.whitening, veneers, Botox,Dysport ,Dermalfillers etc. All these services should be paid on the day there are rendered.
19. Finishing and fine tuning with clear aligner is an option but expressly not included in the basic charges.

- **TIME AND EXTRA TIME (Treatment Overrun):**

If the time of treatment is extended more than 3 (three) months after the **ESTIMATED TIME OF ACTIVE TREATMENT** * (counting from the first day appliances are placed/issued), an minimal additional fee of ONE HUNDRED FIFTY RINGGIT MALAYSIA PER JAW (RM300, not including the materials) will be charged PER VISIT until completion. If the time of treatment is less than expected, the entire remaining balance, if any, becomes due and payable. The patient should have a zero balance before the bands/brackets are removed. Patient who missed appointments or has very high expectation of the treatment may take more treatment time. The cooperation and expectation of the patient is important factors in the determination of the total orthodontic fee. All second jaw treatment should be starting within 6 months of first jaw started, otherwise the second jaw treatment shall be charged as first jaw fee (eg two times of first jaw fee shall automatically apply). The doctor in charge shall NOT bear the responsibility of decision/treatment of second jaw starting late.

Alternately, the patient can opt for combine first and second jaw which is cheaper, but the starting date will be based on first jaw.

If appointment of a date not available, the alternatives will be proposed +- 1 week. The doctor shall not be blamed for delay of the case due to meeting/conference etc.

Maternity Leave/Extension

All female patients will be given a 2 months free extension if they give birth during the Active Phase treatment period (excluding the retention period)

End of treatment:

The patient can request to end the treatment as long as the teeth are functionally and aesthetically acceptable to the patient and doctor.

Please take note that there is no clear cut end for the treatment, the higher his/her expectation the longer is treatment time and the higher is the cost.

Even after removal of brackets you is advised to come back for orthodontic checking, normally in 1st-3rd. months and 6th. months. The patient is encouraged to have regular dental check-up every 6-12 months depending on his/her situation.

- **TRANSFER OUT**

The patient can at anytime transfer to any clinic/doctor he/she prefers. The patient will be charged according to the stage of the treatment. The clinic does not accept any over-pay at any time. Hence, any fees paid are equal to the stage of treatment and hence fees paid are not refundable.

- **TRANSFER IN**

The patient need to disclose and provide information on the previous doctor/clinic.

- **TERMINATION**

i.) *Termination by the patient:*

The patient can at anytime terminate the treatment. The patient should understand that prematurely terminate the orthodontic treatment may not be in his/her best interest and the clinic/doctor shall be willing to help but shall not be held responsible for any problem after that.

Upon patient written request, the clinic shall provide duplication of radiograph (RM25 per exposure) and treatment record (RM150 per copy).

If first time payment is less than RM1600, then RM1600 minus the first time payment shall be due immediately.

ii.) *Termination by the clinic/doctor:*

Development of unforeseen circumstances that may interfere with the success of treatment will be discussed. Unless a satisfactory solution is reached, the orthodontic service will be discontinued without fee refund. Such circumstances may pertain to, but is not limited to **UNABLE TO ATTEND THE CLINIC WITHOUT ANY WRITTEN NOTICE (FOR MORE THAN FOUR CONSECUTIVE MONTHS)**, lack of cooperation or failure to adhere to the financial agreement.

In the event of inability of the doctor to perform his/her duty due to unable to practice dentistry/orthodontic, including but not limited to legislation problems, medically unfit, physical or mental handicap, permanent disability, insane, dead etc, the patient shall be referred (if the patient consented) to other doctor or clinic without fee refund. The referral is to be done on good will basis and the clinic makes no claims, promises or guarantees about the third party doctor/clinic and the performance of the other clinic and/or the outcome of the treatment. The clinic shall not guaranty that the charges of the other doctors are cheaper, nor the clinic shall borne any future treatment cost.

lii)TERMINATION BY MUTUAL AGREEMENT/REFUND

After discussion with the doctor in charge, fill in, sign and return the release form (Appendix 1)

- **PAYMENTS**

The patient or responsible party agrees to be and is hereby fully responsible for total payment of procedures performed in the clinic, including any amounts that are not covered by any dental panel/insurance that the patient may have.

Should the patient account become more than sixty (60) days in arrears, treatment will be suspended until either his/her account is brought up to date or other financial arrangements are made.

If The patient has any questions regarding his/her account, please do not hesitate to contact the clinic.

VISIT: BY APPOINTMENT ONLY

The patient shall agree to observe and follow the clinic's **house rules and appointment policies** displayed at the counter/notice board. A grace period of 10 minutes will be given, after which the appointment is cancelled automatically. The patient may need to come another time if the subsequent slot is taken by other patient.

Alternately, if The patient missed an appointment without inform the receptionist 3 hours before the appointment time, The patient will be given a standby appointment *without prior notice to you*.

If the patient's attendance is poor (such as frequent Failed to Attend (FTA), Late, Cancellation Without Enough Notice etc, the clinic shall give The patient a written notice or SMS, and The patient shall agree that **RM100 (One Hundred Ringgit)** shall be paid by The patient or be deducted from his/her deposit, without further notice, if The patient FTA or cancel his/her appointment without 3 hours (based on office opening hours) prior notice. If his/her attendance is continuing poor the penalty shall increase to not more than **RM300 per appointment** that FTA.

If The patient missed an appointment and the nearest appointment available shall be given based on his/her subscribed package, based on the availability. If the available slots are to far away, those who subscribed student price may consider upgrade to enjoy more choices of appointment slots.

Definition of "Emergency" are accident and acute bleeding. If The patient feels that she/he having an emergency, please call our receptionist as soon as possible so that arrangement can be made. Direct walk-in may not be entertained. Incident more than 3 hours (such as ulcers) shall not be considered as emergency.

Treatment Cost: Summary:

The basic fees for the active phase of orthodontic treatment are divided into a one time initial fee and monthly fees:

BASIC PACKAGE:	
Total basic fees for the active phase of orthodontic treatment:	First Jaw: RM4500 (Less RM300 for Student Price) Both Jaws RM6200 (Student Price)-6900(Adult Basic), 7800(Adult Premium Weekends)
INITIAL TREATMENT/SETUP FEE:	Initial NONE REFUNDABLE AND NONE TRANSFERABLE Deposit: RM100 On the day putting on the appliance: RM800-1600 (RM2700 for VIP package)
Remaining Monthly fees(by installment):	RM150 (Single jaw student Price) -RM400 (Both jaw Adult Price) per month or visit for 12-18 months.
(a)Estimated time of Active Phase	15 Months All female patients will be given a 2 months <u>free extension</u> if they give birth during the treatment period (during Active phase excluding retention period) Leaving Malaysia more than 6 consecutive months will be granted extension not more than 6 months, the patient need to apply in writing to enjoy the free of charge extension. Proof of passport needed.
(b)Estimated time of Grace Period or Supervised Retention Phase	3 Months (Single jaw treatment chargeable, no grace period after the Active Phase)
(c)Total Contract Time (a) + (b)	18 Months (This contract time is financial arrangement and standard, not the clinical arrangement- the clinic expressly will not warranty that The patient can finish at the financial time).
VISITS: BY APPOINTMENT ONLY. Subject to prevailing appointment policy and house rules as displayed on the waiting room or notice board. The doctor schedule provided "As IT", the clinic shall observe the convenient of the patient but has no obligation to operate at any time dictated by the patient.	<ul style="list-style-type: none"> <input type="checkbox"/> STUDENT PRICE: Not necessary a student but Limited to Weekdays (Monday-Thursday), AT OR BEFORE 4.30pm only, not public holidays nor blocked-out days. <input type="checkbox"/> ADULT BASIC PRICE: Any office hours, including nights and Fridays, (Saturdays, Sundays less than 10 visits) <input type="checkbox"/> ADULT Premium Weekends PRICE: Any office hours, including Saturdays, Sundays total 10 visits or more
Extra charged after (C)	Extra charge please refer to " ADJUSTMENT FEE (PER VISIT)" below.
Review/Adjustment of retainers after Debond/Deband or During/After Retention Phase	RM40-100 per visit (Student Price or come at Student Price's Time), RM80-150 (Full Fee or come at Full Fee's Time)
PAY PER VISIT PACKAGE (Mini-Ortho) (Suitable for Minor/Simple tooth movement, or for cases referred half-way from other clinics. Not financially suitable for patients with more than 12 months active treatment.)	
INITIAL TREATMENT/SETUP FEE:	RM800-1200 (Student Price-Adult Price)
ADJUSTMENT FEE (PER VISIT)	RM200(Single jaw student price)-300 (Both Jaws Student Price) -400 (Both jaws Full Fee) plus materials (bracket replacement, wire, elastic tc)
Retention/adjustment visits after braces removal	RM75 (student Price)-RM150 (Adult Price)
Any other treatment charges	Expressly not included in the treatment or adjustment fee.

VIP PACKAGE: RM11,988 (RM Eleven Thousand Nine Hundred Eighty Eight)

In addition to the basic package:

- Extended **Estimated time of Active Phase** to 24 months (No refund if finished earlier)
- Tooth Coloured Brackets and Replacement 6 pieces or PROPRIETARY BRACKETS
- Base on stock availability: Free 1 set Ortho Hygiene Kit- 1 set of Extra Soft Tooth Brush, Orthodontic Soft Wax (2 pcs/package), Interdental Brush, Floss 50M, Floss Threader, Antiseptic Month Rinse 250ml
- 4 Extractions (None Surgical)
- 2 Surgical Extractions (Impacted teeth or wisdom teeth) OR 2 micro-screws
- 1 Root Canal Treatments with 2 radiographs and permanent filling
- 8 Fillings or Fissure Sealant
- 1 pair model and retainer
- 1 pair model and spare retainer within 1 year or 1 pair of bleaching trays
- Polishing Every Month. Flouride Protective coat/varnish every 3rd visit or there month, which is earlier
- Scaling every 3 month (Topical Fluoride shall be provided based on availability)
- 2 Radiographs During Treatment
- 2 Radiographs After Treatment
- Not default colour o-ring.
- Fees paid not refundable/deductible if any portion of this package is unused 12 months after the braces are removed.



Grey Metal Bracket

Tooth Colored Ceramic/Polymer Brackets

“Invisible” Aligner Full Package: RM18,000-25,000 depends on quantity of aligners used

In addition to the Premium Package:

WhiteSmile/UBAH/ ClearPath/Smartee/ /Invisalign Invisible & Removable Appliance (Digitally Designed Clear Braces)



Mini-Ortho:

For minor correction e.g crowded lower front teeth, orthodontic retreatment to close small gaps or correct minor imperfection

3 months / 6 aligners or less: RM4000

6 months/12 aligners or less: RM7000

More than 6 months: 50 aligners or less: Minimal RM18000

More than 2 years: “Unlimtted” set of aligner RM25000

Aligner after braces for minor enhancement RM50 per model x2 , RM300 for digitalization and RM450 per piece

Facial Esthetic Package (RM18,000)

In addition to the VIP package

- Botox/Dysport One Session (Max 4 injection spots-Right and left)
- Dermafillers (Max 4 injection spots-Right and left)

Differences between

Student Price (Not Necessary a Student)	Adult Premium Weekends Fee
<ul style="list-style-type: none"> <input type="checkbox"/> Limited Appointment Option with Block Out Day: Limited to Weekdays, AT OR BEFORE 4.30pm only, not public holidays. <input type="checkbox"/> Waiting time is more if appointment not pre-book 6-8 weeks ahead. <input type="checkbox"/> O-ring limited to silver, clear or tooth colour, to reduce the need/cost for stocking and expiry 	<ul style="list-style-type: none"> <input type="checkbox"/> Any office hours, including Saturdays, Sundays total 10 visits or more <input type="checkbox"/> More choices of appointment day and time. <input type="checkbox"/> Can choose colourful o-ring in the available stock.
<input type="checkbox"/> Reduced Pricing of about RM1600	<input type="checkbox"/> Premium Pricing

BASIC PACKAGE	VIP PACKAGE:
Less coverage on general dentistry.	More coverage of general dentistry e.g filling, scaling, extraction
Using Stainless Steel/Grey brackets. If patient choose upgrade to Ceramic/White brackets-add RM1700	Using Ceramic/White brackets already included If patient choose downgrade to Stainless Steel/Gray brackets -reduce RM1700 Compare to stainless steel grey bracket, ceramic bracket is <i>more beautiful</i> . Ceramic bracket is less strong, more prone to fracture, more maintenance needed, more friction and slower tooth movement. At the end of the treatment, the slot and corner may having wear and tear, the corners may be rounded (difficult to tie), and the control of the torque and angulation of the teeth become less accurate.
Covers up to 18 months If finish later there will be pay per visit charges.	Covers up to 24 months. If finish earlier no refund.
Scaling or polishing will be chargeable.	Free polishing every month/visit. Scaling every 3 months.
Good deal for basic orthodontics without much extra treatments, repair or maintenance.	Good deal if the patient has very high expectation requires wisdom tooth surgery or requested ceramic white bracket.

The patient can upgrade from basic package to premium package, but not the reverse. The patient shall observe that Total Contract Time of 18 months is financial arrangement and not clinical relevance due to individual differences, personal requirement and expectation. The clinic shall at no time guarantee the treatment can or will be finished at 18th months. The patient shall agree that any charges after the 18th months shall be consider as "Difficulty Charges"

Concession and Group Pricing and Cost Saving

Cash Payment: 2% less on cash payment, this is not a discount but a saving passed to the patients for not incurring credit card processing fees.

Membership Privilege and Referral Program: Please refer to the rules and regulations of the respective program, if the patient chosen to enroll.

Special Consent Clear Aligner**1) Description**

Clear Aligner consist of a series of clear plastic, removable appliances that move your tooth/teeth in small increments. A set of clear aligner will be prescribed each to be used for 10 days or upon instruction and approval of a treatment plan developed by your doctor.

Length of treatment: 24 months (length of treatment is estimation only)

Fee and Payment Terms, Instalment monthly: Refer to treatment Cost Section

Package exclude: -Micropin/ Easy Fit Jumper, All General Dentistry treatments

2) Procedure

Patient may undergo a routine orthodontic pre-treatment examination including radiographs (x-rays) and photographs. Doctor will take impression of the patient's teeth and send it along with a prescription to the lab. Technicians will then follow Doctor's prescription to create the prescribed treatment. Total number of aligners may vary depending on the complexity of patient's malocclusion, the doctor's treatment plan and compliance. Patient should wear their aligners approximately 20 to 24 hours per day. Removing them only to eat, drink brush and floss. Patient should switch to next aligner in the series of one to two weeks according to their Doctor's direction. Treatment duration varies depending on complexity of your case. Some patient may require bonded aesthetic attachments and/or usage of elastics during treatment.

3) Benefits

-Clear Aligner is an aesthetic alternative to conventional braces

-It is nearly invisible and more aesthetic looking

-It allow for normal brushing and flossing tasks.

-Clear Aligner may improve oral hygiene habits during treatment

4) Risk and Limitations

Clear Aligner may involve some of the risk outline below:

-Failure to wear aligner for required number of hours per day, missing appointments, not using product as directed by Doctor can lengthen the treatment time and affect ability to achieve desired results.

-Patient may experience dental tenderness after switching to the next aligner.

-Gums, cheeks and lips may be scratched or irritated

-Teeth may shift position after treatment. Patient should wear retainers consistently at the end of treatment.

-Tooth decay, periodontal disease may occur if patient consumes foods or beverages containing sugar or do not brush/floss their teeth properly before wearing aligner.

-Aligner may caused lisp and affect speech temporarily.

-Teeth may require interproximal re-contouring or slenderizing in order to create space needed for dental alignment to occur

-Bite may change throughout course of treatment and caused temporary discomfort

-Supplemental orthodontic treatment may be needed for more complicated treatment plans where aligner alone may not be adequate to achieve desire outcome.

-Aligners are not effective in the movement of dental implants

-Health of the bone and gums which support the teeth may be impaired or aggravated

-Oral surgery may be necessary to correct crowding or severe jaw imbalances that are present prior to wearing the aligner

-Existing dental restoration may become dislodged and require re-cementation.

-Product breakage is more likely in patients with severe crowding/multiple missing

-Orthodontic appliances or parts therefore may be accidentally swallowed.

-In rare cases problems in jaw joint may occur ,causing joint pain, headaches or ear problems

-Allergic reaction may occur

5) Informed Consent

I have been given adequate time to read and have read the preceding information describing orthodontic treatment with clear aligners. I understand the benefits, risks, alternatives and inconveniences associated with the treatment. I understand that I should only use the clear aligner after consultation and prescription from the doctor. I hereby consent to orthodontic treatment with products clear aligner that have been prescribed by my doctor and will adhere strictly the instruction from my doctor.

NOTE ON PROPRIETARY BRACKETS

The patient may request for the brackets of his/her choice at an extra cost of RM1700, such as IP™ (Individualized Prescription-custom made), Damon™ or Full Ceramic (white) brackets.

Please be advised that there is no evidence a particular bracket system/brand will shorten the treatment duration, or reduce pain (if any) during orthodontic treatments. The comfort of the patient is monitored by the doctor (and patient expectation) to change wire progressively without provoke much pain/discomfort. Some self-ligating brackets may take less chair-time (reduce doctor's time and his/her time on dental chair) but again there is no evidence base to show these brackets reduce the overall treatment time. His/her doctor will try the best to use the best mechanic and force system (powerchain, spring, elastics, micro-screw etc) to try to achieve the optimal result with minimal visit to the clinic.

Complaint or Dispute Handling

Complaint resolution guidelines are available on clinic notice board, leaflets and website. If the patient is not satisfied with the service please email to *info@gigi.my* or The patient need faster respond, call/SMS to +6014-200 9000 during normal office hours.

The clinic is committed to providing a high quality service to all our patients, but if there is any short-coming please let the clinic/doctor. This will help the clinic to learn from the mistakes and improve the standard of care. The clinic shall try to resolve his/her complaint simply, quickly, fairly and confidentially. The clinic shall try to resolve the complaint within 14 days. An unresolved complaints the patient shall agree the clinic to refer for mediation by the Malaysian Dental Association, failing which the clinic shall forwards the complaint to the Director General, Ministry of Health based on the provisions under the Private Health Care facilities and Services Act.

Privacy and Personal data Protection Act

The clinic and patient shall observe and adhere to the provisions/guidelines of the privacy and Personal Data Protection Policy which is available on the clinic's notice board, leaflet and website.

Likewise, the clinic grants no permission of its photo/video to be taken .Publishing of clinic room/equipment/staff to the internet/social media please obtain written permission from the doctor in charge.

The patient shall agree that the personal and treatment information shall be provided to third party without prior notice nor consent if it is required by any laws, acts and in exercising any provision(s) in this agreement.

Changes from STUDENT PRICE to Adult basic, Adult premium Weekend FEES, or reverse

The receptionist shall suggest to The patient an appointment upon HIS/HER request. If the patient is subscribed to student price, it is HIS/HER responsibility to choose the right day/time suited to the student price. The receptionist shall not be liable for not screening his/her appointment date and time. **DO NOT BLAME THE RECEPTIONIST IF THE PATIENT ACCEPT AN APPOINTMENT WHICH IS NOT STUDENT PRICE.**

If The patient subscribed to STUDENT PRICE, but for any reason (no excuse is accepted) come for orthodontic treatment on weekends or after 4.30pm (even just for one time), then The patient shall be deemed to **change to Adult Basic FEES** and you must agree that FULL FEES will be immediately applicable to The patient **without prior information or consent**. The services outside *normal*(9am-4.30pm) office hours i.e. on nights and weekends shall be provided on "best afford" basis, some of the nights and/or weekends may not be available.

If the attendance is more 10 Saturdays or Sundays, the price will be upgraded to Adult premium Weekend without prior notice.

If The patient subscribed to Adult Basic or Adult premium Weekends FEES but never come on weekends or after 4.30pm, The patient can asked the fee to be reduced to STUDENT PRICE.

If The patient subscribed to Adult premium Weekends FEES but never come on less than 10 weekends (including repairs/bracket/band), The patient can asked the fee to be reduced to Adult Basic Fee

The braces may cause discomfort initially, but **rarely** does it cause pain or **emergency**. Bracket detachment or wire irritation rarely caused discomfort that it need emergency treatment. Please **call and make an appointment** as soon as possible on or before 4.30pm or during weekdays. If The patient subscribed to a Student Price and **THE PATIENT THINK IT IS EMERGENCY**, FULL FEES shall be charged **IF SERVICES IS REQUIRED AFTER 4.30PM OR WEEKENDS FOR WHAT EVER REASONS.**

After the contract duration (as in (c) above) The patient can come as Student Price or Normal Price at his/her convenience. However, please observe the price difference for the appointment slots.

Fees are due and payable in the following manner:

1. Initial fees--The initial fee is due the first day appliances are placed.
2. Monthly fees—The first monthly fee is due on 1st. day of the month after appliances placement. Subsequent monthly fees are due the 1st. day of each month.
3. Extra-charges shall be informed in advance for additional treatments/materials or extra treatment time.
4. If The patient did not come in particular month(s), the payment will/can be carried to the following month i.e. please prepare to pay more in the following month.

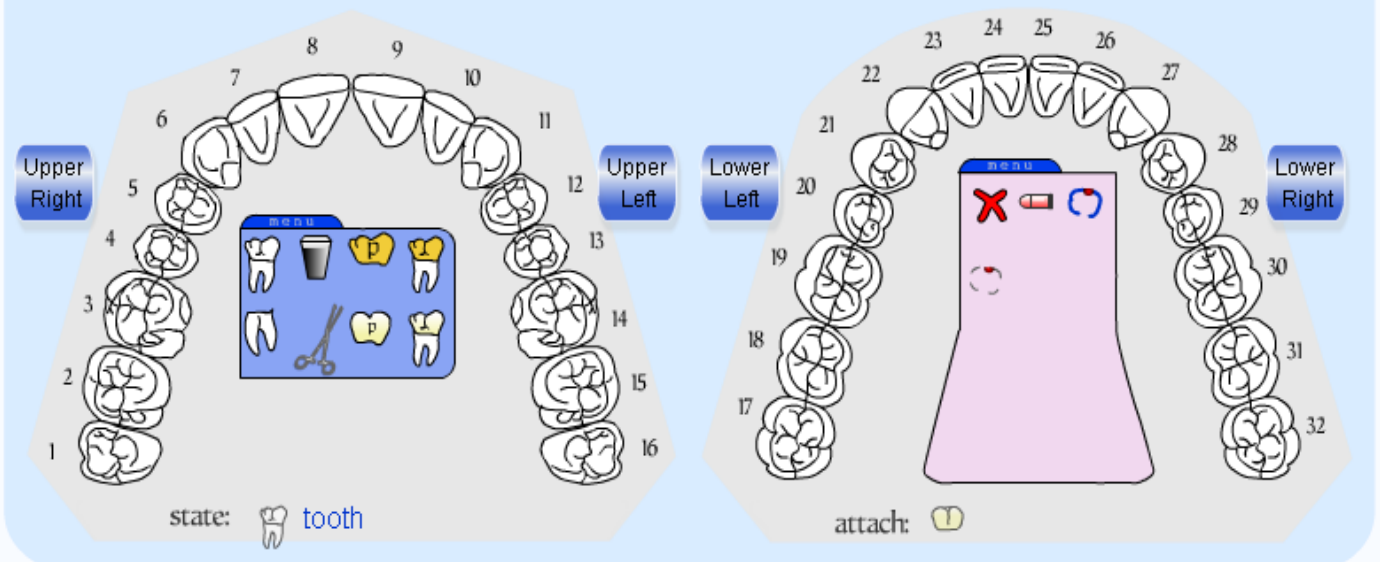
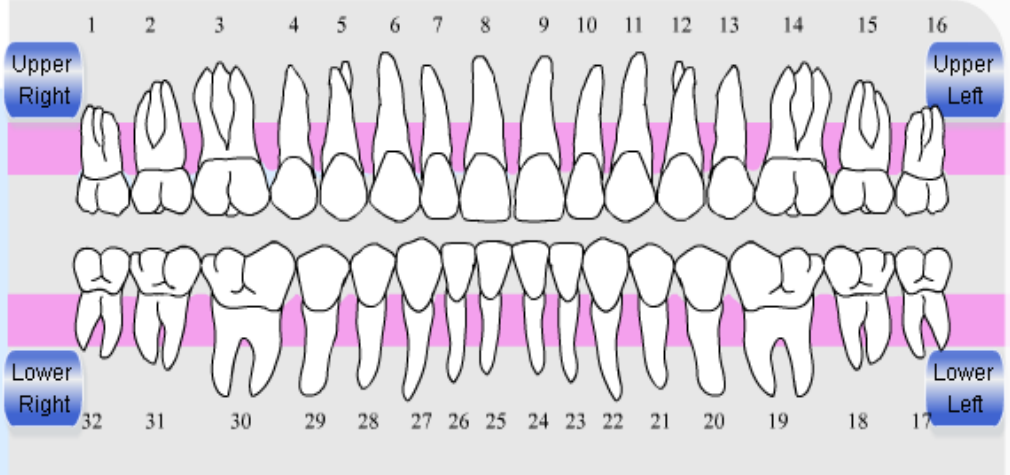
MISCELLANEOUS

The original copy of the agreement remains clinic's property at all time. A certified/photocopied version shall be photocopied by and retained by the patient before returning the original copy at the initial of the treatment. If the treatment is not started the original copy must be returned to the clinic.

To be filled by patient for cases started by other clinics (Not U Dental Clinics)			
1i.) 1ii.) 1iii.)	Previous Clinic Name Address Telephone Number:	Fill in or tick where applicable	
2.)	Name of Previous Doctors		
3.)	Reason to seek treatment in this clinic		
4.)	Duration Expected	Occasional Only/ Take over	
5.)	Bracket System Use and	<input type="checkbox"/> Roth <input type="checkbox"/> MBT <input type="checkbox"/> Other	
6.)	Size of Bracket Slot	<input type="checkbox"/> 018 <input type="checkbox"/> 022	
7.)	Records provided/taken:	Radiographs	<input type="checkbox"/> OPG <input type="checkbox"/> CEPH <input type="checkbox"/> CBCT <input type="checkbox"/> Periapical
		Pre-operative Models	<input type="checkbox"/> Upper <input type="checkbox"/> Lower
		Latest/Progress Model:	<input type="checkbox"/> Upper <input type="checkbox"/> Lower
8.)	Target to Achieve Target No Yet Achieve		
For Office Use Only: Patient's Preferences:			Notes
1.)	Having other dentists/panel to perform general dentistry.		
2.)	Prefers tooth/white colored brackets: Ceramic/Invisible clear aligners		
3.)	Bleaching during retention period or after finishing		
4.)	Usual days for appointments		
5.)	Use colorful elastics		
6.)	Agreement copy already photocopied by or received by patient: Date:		Patient's Signature:
7.)	Models given to patient: Pre-operative: 2 Models Post-operative: 2 Models Please keep the models for 7 years or until The patient satisfied without the retainers.		Patient's Signature: Date:
8.)	Misc.		



dentist : DR. LEONG CHEE SAN
 lab : Malaysian Dental Corporati
 patient : DEMO ONLY
 created : 13:52 , 5/14/2008
 last saved : Not saved
 comments :



Discussion: This page is reserved for hand-writing or drawing during the discussion
 Check List/Complaints/Concern by patient:

Problem(s):

Options and alternatives:

Expansion:
 (First priority but long term stability is doubtful in severe cases)

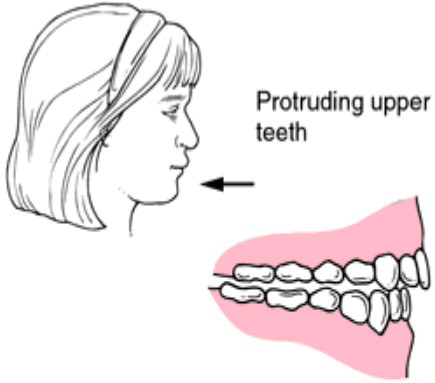
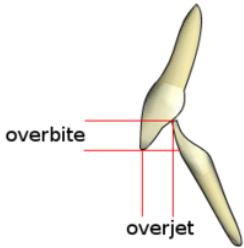

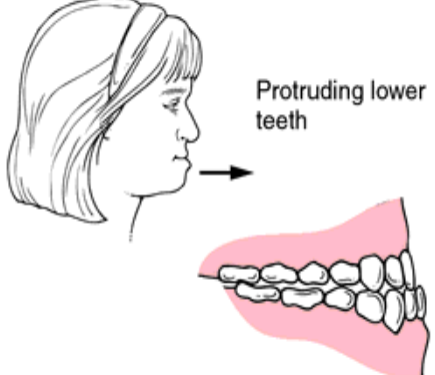


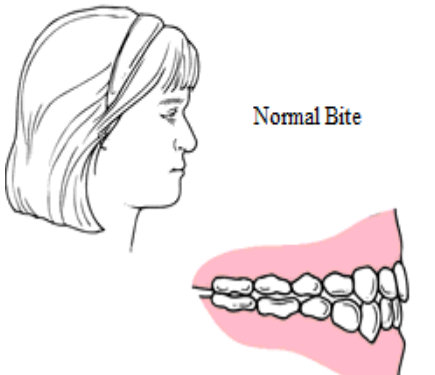




Slimming of Teeth(<4mm):

Borderline Cases (4mm):

Extraction(>4mm):

Surgical: Hospital/Specialists
 -Move the bone

Date	Doctor	Additional Notes:	Patients's Signature

 <p>Protruding upper teeth</p>	 <p>overbite overjet</p> <p>Overjet: 2-4mm, Overbite: Upper 1/3-1/2 covers lower</p>	 <p>Crowded Teeth</p>
 <p>Protruding lower teeth</p>	 <p>Open Bite-Front teeth</p>	 <p>Deep Bite</p>
 <p>Normal Bite</p>	 <p>Open Bite-back Teeth</p>	 <p>Reverse Bite</p>
	 <p>Cross Bite</p>	 <p>Spacing</p>

Special Consent on Aligners (Clear Aligner or other brands)

DESCRIPTION Aligners consist of a series of clear plastic, removable appliances that move your tooth/teeth in small increments. Aligner is produced through your doctor's diagnosis and prescription with a treatment plan which specifies the desired movements of your teeth. A set of clear aligner will be prescribed each to be used for 10 days or upon instruction and approval of a treatment plan developed by your doctor.

Orthodontic Treatment for Name : Types of braces cosmetic alignment Treatment Aligners are for the purpose of alignment and cannot be guaranteed to treat bite coordination. Also space closure from extractions performed prior or during clear aligner treatment may not be predictable. Treatment results vary according to many factors including patient compliance Length of Treatment 9-24 months. The length of treatment is an estimation only. **PLEASE BE INFORMED THAT TREATMENT MAY EXTEND BEYOND PROJECTED TIMES.** Fee and Payment Terms Total Package (Maximum) : Monthly Instalment : Payment description The payment is to be performed via the payment gateway. Aligners reserves the right to withhold aligners if payment is in default or not performed according to the payment schedule

PROCEDURE You may undergo a routine orthodontic pre-treatment examination including radiographs (x-rays) and photographs. Your doctor will take impressions of your teeth and send them along with a prescription to the laboratory. Aligners technicians will follow your doctor's prescription to create your prescribed treatment. The total number of aligners will vary depending on the complexity of your malocclusion, the doctor's treatment plan and compliance. You should wear your aligners for approximately 22 to 24 hours per day, removing them only to eat, drink, brush and floss. As directed by your doctor, you will switch to the next aligner in the series every one to two weeks. Treatment duration varies depending on the complexity of your case. Unless instructed otherwise, you should follow up with your doctor at a minimum of every 6 to 8 weeks. Some patients may require bonded aesthetic attachments and/ or the use of elastics during treatment to facilitate specific orthodontic movement. **TAKE NOTE: IF YOU WISH TO STOP TREATMENT, THE PRACTICE WON'T TAKE ANY RESPONSIBILITY TO REFUND YOUR PAID AMOUNT. THERE WILL BE ADDITIONAL CHARGES FOR DEBONDING AND CHANGE TO DIFFERENT BRACES.**



BENEFITS 1. Aligners offer an aesthetic alternative to conventional braces. 2. Aligners are nearly invisible and more aesthetic looking. 3. Aligners allow for normal brushing and flossing tasks that are generally impaired by conventional braces. 4. Aligners do not have the metal wires or metal brackets associated with conventional braces. 5. The wearing of aligners may improve oral hygiene habits during treatment. 6. Aligners patients may notice improved periodontal (gum) health during treatment

RISKS AND LIMITATIONS Like other orthodontic treatments, Aligners may involve some of the risks outlined below:

- ❖ Failure to wear the appliances for the required number of hours per day, not using the product as directed by your doctor, missing appointments, and erupting or atypically shaped teeth can lengthen the treatment time and affect the ability to achieve the desired results.
 - ❖ Dental tenderness may be experienced after switching to the next aligner in the series.
 - ❖ Gums, cheeks and lips may be scratched or irritated.
 - ❖ Teeth may shift position after treatment. Consistent wearing of retainers at the end of treatment should reduce this tendency.
 - ❖ Tooth decay, periodontal disease, inflammation of the gums or permanent markings (e.g. decalcification) may occur if patients consume foods or beverages containing sugar, do not brush and floss their teeth properly before wearing our aligner, or do not use proper oral hygiene and preventative maintenance.
 - ❖ The aligners may temporarily affect speech and may result in a lisp, although any speech impediment caused by the aligner should disappear within one or two weeks.
 - ❖ Aligners may cause a temporary increase in salivation or mouth dryness and certain medications can heighten this effect.
 - ❖ Attachments may be bonded to one or more teeth during the course of treatment to facilitate tooth movement and/or appliance retention. These will be removed after treatment is completed.
 - ❖ Teeth may require interproximal re-contouring or slenderizing in order to create space needed for dental alignment to occur.
 - ❖ The bite may change throughout the course of treatment and may result in temporary patient discomfort.
 - ❖ At the end of orthodontic treatment, the bite may require adjustment ("occlusal adjustment").
 - ❖ Supplemental orthodontic treatment, including the use of bonded buttons, orthodontic elastics, auxiliary appliances/ dental devices (e.g. temporary anchorage devices, sectional fixed appliances), and/or restorative dental procedures may be needed for more complicated treatment plans where aligners alone may not be adequate to achieve the desired outcome.
 - ❖ Teeth which have been overlapped for long periods of time may be missing the gingival tissue below the interproximal contact once the teeth are aligned, leading to the appearance of a "black triangle" space.
 - ❖ Aligners are not effective in the movement of dental implants.
 - ❖ General medical conditions and use of medications can affect orthodontic treatment.
 - ❖ Health of the bone and gums which support the teeth may be impaired or aggravated.
 - ❖ Oral surgery may be necessary to correct crowding or severe jaw imbalances that are present prior to wearing the aligner product. If oral surgery is required, risks associated with anesthesia and proper healing must be taken into account prior to treatment.
 - ❖ A tooth that has been previously traumatized, or significantly restored may be aggravated. In rare instances the useful life of the tooth may be reduced, the tooth may require additional dental treatment such as endodontic and/or additional restorative work and the tooth may be lost. 3

- ❖ Existing dental restorations (e.g. crowns) may become dislodged and require re-cementation or in some instances, replacement.
- ❖ Short clinical crowns can pose appliance retention issues and inhibit tooth movement.
- ❖ The length of the roots of the teeth may be shortened during orthodontic treatment and may become a threat to the useful life of teeth.
- ❖ Product breakage is more likely in patients with severe crowding and/or multiple missing teeth.
- ❖ Orthodontic appliances or parts therefore may be accidentally swallowed or aspirated.
- ❖ In rare instances, problems may also occur in the jaw joint, causing joint pain, headaches or ear problems
- ❖ Allergic reactions may occur.
- ❖ Teeth that are not at least partially covered by the aligner may undergo supra-eruption.

INFORMED CONSENT I have been given adequate time to read and have read the preceding information describing orthodontic treatment with Aligners. I understand the benefits, risks, alternatives and inconveniences associated with treatment as well as the option of no treatment. I have been sufficiently informed and have had the opportunity to ask questions and discuss concerns about orthodontic treatment with Aligners with my doctor from whom I intend to receive treatment. I understand that I should only use the Aligners after consultation and prescription from the doctor, and I hereby consent to orthodontic treatment with products Aligners that have been prescribed by my doctor and will adhere strictly the instruction from my doctor.

PATIENT'S REGISTRATION NUMBER: DATE OF THIS FORM GIVEN TO PATIENT: Patient's Full Name: Chinese Name (if any): Christian Name (if any):	<div style="border: 1px solid black; width: 150px; height: 80px; margin: 0 auto;"></div> Signature: _____ X Signature Date: _____
Patient's Address Patient's Telephone Number:	
Guardian of the Patient (Required if the patient is less than 21 years of age or an adult that unable to give consent.) (Admitted: I declare that I am the rightful guardian and have the legal authority to sign this on behalf of the above named patient) Full Name: NRIC: Relationship to Patient:	Signature: _____ X Date: _____
 	<p style="text-align: center;">PUSAT PERGIGIAN U 优牙科中心 U DENTAL CENTER</p> <p style="text-align: center;">Operated By : TAMAN U DENTAL SURGERY SDN. BHD.(612418-V)</p> <p><input type="checkbox"/> Taman U 大学城 : 26A, Jalan Kebudayaan 1, Taman Universiti, 81300 SKUDAI. Tel: 607-521 1111, 607-5208508. SMS: 6014-888 9000</p> <p><input type="checkbox"/> Bukit Indah 武吉英达: 65, Jalan Indah 16/12, Taman Bukit Indah, 81200 Johor Bahru. Tel: 07-232 GIGI, 07-232 4444, SMS:6 014-9 900 900 HP: 6014-888 2000</p> <p><input type="checkbox"/> U DENTAL SPECIALIST CLINIC 优牙科专科诊所 KLINIK PAKAR PERGIGIAN U 65A, Jalan Indah 16/12, Taman Bukit Indah, 81200 Johor Bahru. Tel: 607-234 2000 SMS: 6019-500 6 900 HP: 6014-508 0000</p>
Doctor s in charge/Dentist's Name	<p><input type="checkbox"/> Dr. Leong Chee San BDS(Malaya), MFGDP(UK), MCLinDent(Prosth), (London), MFDS RCS(Edinburgh), AM(Mal), PG. Dip. Implant (UCLAN), FICCCDE National Specialists Register No: 128515</p> <p><input type="checkbox"/> Dr. Tan Chai Peng BDS (Taiwan)</p> <p><input type="checkbox"/> Dr. Chow Wei Pin BDS (Malaya)</p> <p>Any other dental surgeons registered under the Dental Act/Bill</p>
DECLARATION BY THE DOCTOR: I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient. I have given the patient an opportunity to ask questions and I have answered these.	Doctor/Dentist: Signature: _____ Date: _____ Witness's Name: Signature: _____ <input type="checkbox"/> Date: _____
INTERPRETER'S DECLARATION: (Optional) I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor.	Interpreter's Name Signature Date: _____

For Office Use Only

ORTHODONTIC TREATMENT SET (Eng/BM/Ch)	Languages			Prepare By: Date:	Given to pt: Date:
	EN	BM	CH		
Ortho Agreement	EN	-	-	<input type="checkbox"/>	<input type="checkbox"/>
Ortho Paper	EN	BM	CH	<input type="checkbox"/>	<input type="checkbox"/>
Ortho Book	EN	BM	CH	<input type="checkbox"/>	<input type="checkbox"/>
Wisdom Tooth Paper	EN	BM	CH	<input type="checkbox"/>	<input type="checkbox"/>
Braces Owner	EN	-	-	<input type="checkbox"/>	<input type="checkbox"/>
Microscrew Paper	EN	BM	CH	<input type="checkbox"/>	<input type="checkbox"/>
Gum Paper	EN	BM	CH	<input type="checkbox"/>	<input type="checkbox"/>
Facial Esthetics: Botox/Dermafillers	EN	BM	CH	<input type="checkbox"/>	<input type="checkbox"/>
Clear Aligner/WhiteSmile/UBAH/Invisilign	EN	-	-	<input type="checkbox"/>	<input type="checkbox"/>
Privilege Leaflet					
Referral Cards x2	EN	-	-	<input type="checkbox"/>	<input type="checkbox"/>
Other:.....				<input type="checkbox"/>	<input type="checkbox"/>
				Staff Initials:	Staff Initials:

The page after this is a return slip that the clinic staff shall give to the patient after the original agreement was signed and returned to the clinic.

It is the **sole responsibility** for the patient to ensure that he/she obtain a return slip when he/she submit the original agreement. The return slip is the only proof that The patient returned the original agreement.

The Following page is a return page to the patient after the patient submitted the signed copy of the agreement. A photocopy should have been **photocopied by the patient**

This following space of this page is intentionally left blank.

APPENDIX 1 of the INFORMED CONSENT FORM FOR THE ORTHODONTICS AND/OR DENTOFACIAL ORTHOPEDICS TREATMENT, AND THE FINANCIAL AGREEMENT

APPENDIX 1: RELEASE FORM/Refund Request

In consideration of the payment to me of the sum of Ringgit Malaysia(RM_____), and other good and valuable consideration. I, being of lawful age, have released and discharged, and for my heirs, executors, administrators and assigns release and forever discharge U Dental Center and any other person, and his/her/their successors, assigns, heirs, executors, and administrators from any and all actions, claims of action or demands for damages, costs, loss of use, loss of services, expenses, compensation, consequential damage or any other thing whatsoever, on account of or in any way growing out of any known or unknown personal injuries, death or property damage resulting or to result from an occurrence, treatment, or lack thereof, by the doctor, his/her agents, employees, independent contractors, or professional corporation, and which occurrence, treatment or lack thereof spanned a period of time from approximately from date of the "Informed Consent Form And Financial Agreement For Dental Implant(S) Treatment Form" to the date of this "RELEASE FORM".

I hereby acknowledge and assume all risk that the said injuries or damages may be or become permanent, progressive, or more extensive than is now known or expected. No promise or inducement which is not expressed in this agreement has been made to me and, in executing this release, I do not rely on any statement or representation made by any person, firm, or corporation hereby released, or any agent, physician, dentist or any other person representing any of them, concerning the nature, extent or duration of said damages or losses or the legal liability therefore.

I understand that this settlement is the compromise of a doubtful and disputed claim, and that the payment or forgiveness of payment or debt owed is not to be construed as an admission of liability on the part of the persons, firms and corporations hereby released and by whom liability is expressly denied.

This release contains the ENTIRE AGREEMENT between the parties and the terms of this release are contractual and not a mere recital. The parties hereby acknowledge that this release and payment hereunder are not being made as a result of any written claim or demand.

I have carefully read the foregoing release and understand the contents thereof, and I sign as my own free act.

This Release Form dated: _____

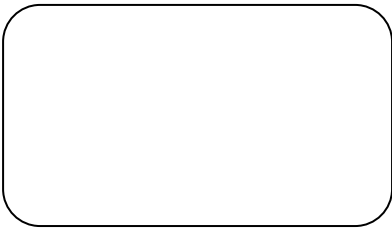
Patient Signature

Guardian (Admitted) Name, Signature and Date
If the patient is less than 21 years of age or an adult that unable to give consent.

Clinic Authorized Signature

This page is intentional left blank.

Clinic's Copy of Agreement Return Acknowledgement

Patient's Name:	
Registration Number	

IF THE PATIENT RETURN A SIGNED COPY OF THIS ORIGINAL AGREEMENT PLEASE GET A SIGNATURE FROM THE ATTENDING STAFF: PLEASE GET AND KEEP THIS SLIP AS THE PROOF:
ACKNOWLEDGMENT RECEIVED COPY OF ORIGINAL AGREEMENT RETURNED BY PATIENT:

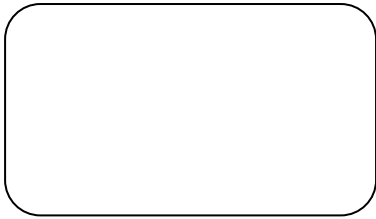
STAFF NAME:

DATE:

STAFF SIGNATURE:

=====Tear and give copy below to patient =====

Patient's Copy of Agreement Return Acknowledgement

Patient's Name:	
Registration Number	

If The patient return a signed copy of this original agreement please get a signature from the attending staff: please get and keep this slip as the proof:
Acknowledgment received copy of original agreement returned by patient:

STAFF NAME:

DATE:

STAFF SIGNATURE: