



CENTRO DE ODONTOLOGÍA -> my-dentist-mallorca.com

Dr. Víctor J. Hernández Darías - Odontólogo* Dentist

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Personal data

Date:

Name:

NIE/NIF/ID number:

Correction of the tooth position by means of splint therapy in the practice/at home

Are you unhappy with the shape of your teeth and would like to improve their appearance? In cases such as this, Dr. Víctor J. Hernández Darías can help you with splint therapy.

The success rate for this procedure varies from person to person and is fully dependent on your collaboration.

In order to achieve the maximum possible improvement in the position of the teeth, dental impressions are taken at the beginning of the treatment. These are sent to the laboratory, where trial models are made with the tooth correction to be achieved. We also find out how many splints are needed to achieve the desired result and whether further measures such as so-called "stripping" may be necessary.

Plastic blocks are also sometimes attached to the teeth, which accelerate the rotation of the teeth when necessary.

Treatment usually takes weeks to months and the splints are changed at regular intervals.

Alternative treatments include orthodontics with brackets/ fixed braces. An orthodontist should be consulted for this.

Consent to treatment

I have been informed that the above-mentioned measure will be carried out on me and I expressly wish this.

I was adequately informed about the nature, purpose and course of the intervention, as well as about its main advantages and disadvantages and risks, also in comparison with other methods of examination, treatment, surgery and refraining from treatment.

I am aware that under certain circumstances the intervention may have to be supplemented and an extension or modification of the planned measures may only prove necessary at a later date. I have been made aware of possible physical, psychological and professional complications in the period following the procedure. I was also made aware of the following **possible complications**:

- Allergic reactions
- Aspiration of objects
- Failure, further need for treatment
- Sensitivities/pain after treatment
- altered bite
- Feeling of pressure during wearing



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Any particular problems I had were discussed in detail, specifically:

My questions were answered in detail. I do not wish to be given any further details, or I was provided with all the details I wished.

I am aware that I can revoke this consent.

I agree with the intended measure and method, as well as with any necessary further work and changes. I have been informed that photographic documentation may be made and I consent to this. I affirm that I have named all ailments and complaints known to me in my medical history.

I was informed of the necessary pre- and post-treatment measures.

I understand that I must cancel an appointment at least 24 hours in advance if I am unable to keep it. I am aware that I will have to pay a cancellation fee of 50 € in the event of an unexcused absence or a late cancellation.

Signature of the patient