

INMAN ALIGNER ORTHODONTICS



iNMAN
aligner™
CERTIFIED USER

TIME FOR CHANGE

Clear/invisible aligners

- Treatment time of 6 months to a year
- Cost around £2,000-£4,000

Fixed labial or lingual orthodontics

- Treatment time between 1-2 years
- Cost around £2,000 to £4,000
- Not removable- difficult to keep clean and difficult to eat.

Traditional removable orthodontics

- Treatment time between 3 – 6 months
- Limited application as only limited movement

Cosmetic restorative treatment (veneers/crowns)

- Tooth tissue loss which is severe in crowded cases
- Likelihood of needing root treatment in near future
- Cost in the region of £3,000 - £6000

Inman aligners

Treatment time between 2-3 months
Cost around £1000-£2000
Only needs to be worn 20 hours a day

Introducing the Inman Aligner

Until now, the alternatives to straighten front teeth involved either long and expensive orthodontic treatments or destructive and expensive restorative treatments such as veneers or crowns. Even ultrathin veneers involve heavy reduction of natural teeth when used to align crowding or protrusion.

But with the arrival of the Inman Aligner, all that has changed.

The Inman Aligner is a cost-effective removable orthodontic appliance that moves teeth in a fraction of the time of other systems. It aligns crowded or protruding anterior teeth with two opposing spring loaded aligner bars. This provides gentle but continuous pressure over a large range of movement. Surprisingly, this gentle pressure is the quickest way to move teeth but it also makes treatment very safe and kind to teeth.

People love the speed of treatment and it's changing the face of dentistry as we know it. The average treatment time is only 4-16 weeks and now with concerns over the economy it's a more justifiable expense.

Only certified Inman Aligner dentists can provide them. Dr Firoza Chariwala of The Smile Clinics Limited has achieved this certification and provides Inman Aligners.

Apart from its aesthetic benefits, the Inman Aligner is easy to use and can be inserted and removed at any time, allowing eating and brushing to continue as normal. Once teeth have moved to the desired position, a very discreet retainer holds them in place, so they remain in their new position.

During the first consultation, an impression is made of the teeth and in the second, teeth are smoothed to make room for movement and the aligner fitted. For the duration of the treatment bi-weekly visits are required to review and adjust the aligner.

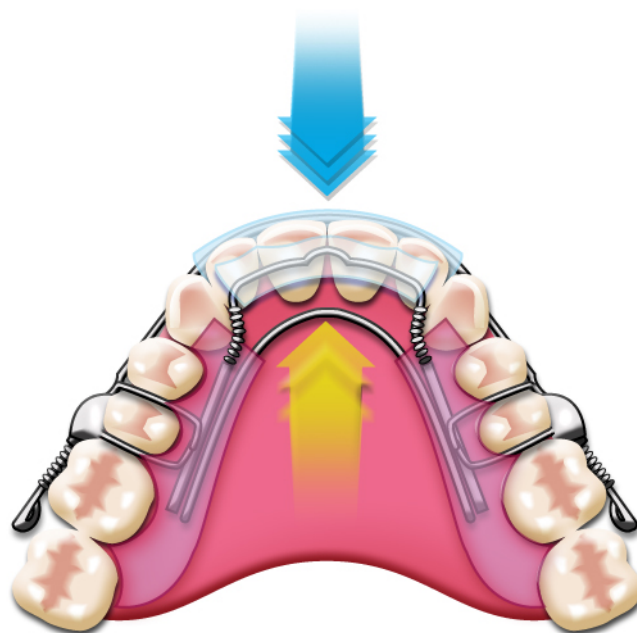
The Inman Aligner is priced from £1000. For further details, please contact the practices.

The inman aligner

By creating pressure on both sides of the teeth, they are gently aligned

The springs and cribs around the sides of the appliance control the force exerted on the crowded/ spaced teeth at a force which would allow controlled movement of the teeth

If there is not enough room to align the teeth, rather than extracting a healthy tooth, your dentist will use inter-proximal reduction techniques to create space. This is the planned filing down of the sides of the teeth only by millimetres to collectively make enough space to provide alignment. The procedure is safe, painless and adequately researched to justify its use over the extraction of a tooth.



INSTRUCTIONS ON WEARING THE APPLIANCE

Wearing the Aligner

- Check the seating. Seat the aligner on one crib first, split the front and back anterior bows and then seat the other crib on the other side
- Your dentist will have shown you the above chair side but if you do not remember then please contact your dentist as soon as possible.

Discomfort

- Expect a few days of discomfort. Soreness around the springs can be eased with soft wax. Patients will have difficulty speaking initially and will salivate excessively for a few days.
- Anterior teeth will feel a little tender especially when inserting and removing the aligner. You may also feel tender when biting on them... try to avoid for a few days.

Eating

- Take the aligners out to eat and then please clean your teeth and the aligner before re-inserting. Take care not to dislodge the lingual bow when cleaning the aligner

Loose teeth

- After a couple of weeks your teeth might feel a little loose, this is normal.

Hygiene

- During eating, remove the appliance.
- Prior to replacing the appliance, brush your teeth and the appliance clean
- Ensure no food debris remains on the teeth and appliance prior to re-insertion
- Poor hygiene during treatment will result in accelerated damage to the teeth and gums

Review appointment

- You need to see your dentist every 2-3 weeks during the active phase of your treatment
- Once the teeth are aligned and in retention, this will be extended to every month
- After retention is complete, you will need to have your treatment reviewed in 6 months and then a year later.

As time goes by, your teeth tend to shift, sometimes causing your front top and bottom teeth to become crooked. At first glance you may think you need braces, however with the patented Inman Aligner, your front teeth can be gently guided to an ideal position quickly and effectively, in a matter of weeks.



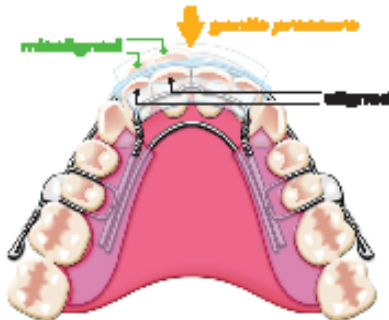
Rotated, crowded anterior teeth.

After treatment wearing the Inman Aligner.

How does the Inman Aligner work?

The Inman Aligner applies a gentle pressure to the teeth that need to be moved to an ideal position. This gentle process is provided by the spring action of the appliance.

Once your teeth are corrected, the Inman Aligner works like a retainer and holds them in place.



Ask your doctor if the Inman Aligner is right for you!



Can the Inman Aligner correct all crowded teeth?

No. The Inman Aligner is designed to treat the upper and lower front teeth.

After an evaluation, your doctor can determine if the Inman Aligner is right for your particular case, and will recommend treatment options.

The Inman Aligner advantage.

- Allows you to achieve great results using just one appliance.
- Can give you a wonderful smile with less hassle and expense, in a shorter period of time.
- Can be removed and inserted as easily as a retainer.

Inmanaligner.com



PATIENT CONSENT FORM TO BEGIN ORTHODONTIC TREATMENT

As a rule, excellent orthodontic results can be achieved with informed and co-operative patients. Thus, the following information is routinely supplied to anyone considering orthodontic treatment in our practice. While recognizing the benefits of a pleasing smile and healthy teeth, you should also be aware that orthodontic treatment, like any treatment of the body, has some inherent risks and limitations. These are seldom enough to contra-indicate treatment, but should be considered in making a decision to start orthodontics. Please feel free to ask any questions during the treatment.

The patient's responsibility: It is the patient's responsibility to follow the brushing and oral hygiene instructions that are given, so that no harm will come to the teeth and surrounding tissues; to come to all appointments on the proper day and time; to adhere to the list of food restrictions in order to keep from damaging the teeth and orthodontic appliance and retainers, if they are necessary, so that treatment time will be as short as possible and so we can achieve the best results; and to visit the general dentist at least every six months for an examination and cleaning. There will be additional orthodontic charges for replacement of appliances (such as retainers or braces) that are lost or damaged due to repeated patient neglect, or any excessive extension of treatment due to lack of patient co-operation. 100% patient co-operation is very, very important.

Oral hygiene: Decalcification (permanent markings), decay, or gum disease can occur if patients do not brush their teeth properly and thoroughly during treatment period. Excellent oral hygiene and plaque removal is a must. Sugars and between meal snacks should be reduced as much as possible.

A non-vital or dead tooth is a possibility: A tooth that has been traumatized from a deep filling or even a minor blow can die over a long period of time with or without orthodontic treatment. An undetected non-vital tooth may flare up during orthodontic movement, requiring endodontic (root canal) treatment to maintain it.

Root resorption: In some cases, the root ends of the teeth are shortened during treatment. This is called root resorption. Under healthy circumstances the shortened roots are no disadvantage. However, in the event of gum disease in later life the root resorption may reduce the longevity of the affected teeth. It should be noted that not all root resorption arises from orthodontic treatment. Trauma, cuts, impaction, endocrine disorders, idiopathic reasons can also cause root resorption.

Growth issues: Occasionally a person who has grown normally and in average proportions may not continue to do so. If growth becomes disproportionate, the jaw relation can be affected and original treatment objectives may have to be compromised. Skeletal growth disharmony is a biologic process beyond the orthodontist's control. Some orthodontic patients will require oral surgery to obtain a reasonable treatment result to complete their case. Most patients we can inform ahead of time prior to starting any treatment that this is necessary. Some patients with poor growth, poor response to treatment, or poor co-operation may also require oral surgery to complete their cases.

Gum tissues: The bone-gum relationship around teeth is always dependent upon whether there is enough bone to support the gum tissue properly. Many times when very crowded teeth are straightened there is a lack of bone and supporting gum tissues surrounding the teeth. Therefore, the gum tissue contour and support may not be adequate and require periodontal intervention.

Treatment time: The total time for treatment can be delayed beyond our estimate. Lack of co-operation, broken appliances and missed appointments are all important factors that could lengthen treatment time and affect the quality of the result. Appliance wear time: You must be prepared to wear the appliance for 20 hours of the day, taking it out to eat and ensuring the teeth and appliance are cleaned before reinsertion. After completion of treatment, it is essential to wear retainers for a minimum of 6 months to avoid relapse. The retainer may be a removable appliance but in many cases is fixed to the inner surface of the teeth where it is not visible.

TMJ: There is a risk that problems may occur in the temporomandibular joints (TMJ). Although this is rare, it is a possibility. Tooth alignment or bite correction sometimes can improve tooth related causes of TMJ pain, but this is not in all cases. Tension appears to play a role in the frequency and severity of joint pains, and there are many other causes of TMJ dysfunction.

Very unusual occurrences: Swallowed appliances, chipped teeth, dislodged restorations and allergies to latex or nickel rarely occur but are possible.

Termination of treatment: It is understood that treatment can be terminated for failure to cooperate, missing appointments, not wearing appliances, excessive breakage, failure to keep financial commitments, relocation, personal conflicts or for any other reason the doctor feels necessary. If termination is necessary, the patient will be given ample time to locate another orthodontist to continue treatment or the braces will be removed.

Expectations: All orthodontic patients can expect improvement with their particular problem, but, in many cases, absolute perfection is impossible due to lack of muscle balance, tooth shapes and sizes and varying degrees of co-operation during treatment, along with heredity aspects that affects everyone's specific treatment results.

Relapse: Teeth have a tendency to return to their original position after orthodontic treatment. This is called relapse. Very severe problems have a higher tendency to relapse and

the most common area for relapse is the lower front teeth. After band removal, a positioner or retainers are placed to minimize relapse. Full co-operation in wearing these appliances is vital. We will make our correction to the highest standards and in many cases over correct in order to accommodate the rebound tendencies. When retention is discontinued some relapse is still possible.

Review Intervals : Please bring any retainers provided to your appointment. Your treatment has been completed when your retainers have been fitted but it is important to continue to attend regularly to check compliance and maintenance of retention. Your initial quote will include any adjustments required within 3 months of alignment. If there is relapse then you may need to return to wearing the Inman appliance again for a period of time and then enter retention again in which case your dentist will charge you additionally for any additional time and resources required to achieve alignment.

I consent to the taking of photographs, study models and x-rays before, during and after orthodontic treatment to assist in the planning and progress treatment objectives. If the case proves to be of special scientific interest, the dentist reserves the right to present the records in scientific papers or demonstrations to the profession.

I certify that I have read or had read to me the contents of this form and do realize the risks and limitations involved, and consent to orthodontic treatment.

Patient/Parent/Guardian Signature

Witness Signature

Date