



it all starts with a smile...

Informed Consent for Snoring Appliance

The snoring appliance, which is being provided to you, is designed to open the upper airway and relieve snoring. While the appliance has been successful for thousands of people, due to physiological and anatomical variations and individual tolerance of the appliance, there can be no guarantee that it will work for you.

The appliance is similar to removable orthodontic appliances, which have been used for many years with an excellent record of safety. However as with many removable appliances no assurances can be made for its total safety.

This information describes in general the conditions and risks associated with the treatment of your snoring problem. If you have any questions regarding your therapy please feel free to ask the dentist. Understanding and cooperation are indispensable for the best results.

In addition to the above information, I understand and I am aware of the following conditions, which are applicable to my therapy:

- 1) Although the appliance is similar to an orthodontic appliance, it is not intended to permanently move my jaws or teeth.
- 2) The appliance will not cure my snoring. Its purpose is to prevent snoring from occurring while sleeping. It must be worn each night to produce the desired effect. It cannot work if it is **not** worn.
- 3) The possibility exists that the problems could arise with my teeth, gums, jaw or other facial structures as a result of wearing the snoring appliance.
- 4) I understand that if I experience any dental, muscular or facial discomfort as a result of wearing the appliance. I must stop wearing the appliance immediately and inform the dentist's office.

I acknowledge that I have read the above letter outlining general treatment considerations for my snoring appliance.

Signed Date