



Informed consent of the patient for the installation of orthodontic microimplants.

I was informed that an orthodontic treatment plan using microimplants is necessary to move my teeth, to create additional support, which contributes to more effective orthodontic treatment.

I am aware that it may be necessary to install from one to several microimplants.

I know that microimplants are placed in the correct position: in the palate, interdental or retromolar space.

I am aware that the placement of microimplants must be performed under local anesthesia. And I know a list of reasons why the process of installing microimplants is not successful and possible risks, such as breakage of the microimplant, infection of the site, excessive mobility and possible damage to the roots of adjacent teeth during the installation of the microimplant.

I am aware that during orthodontic treatment the microimplant may become destabilized and it may be necessary to reinstall it.

I have fully read this information and give my consent for the installation of microimplants.