

### **Consent to orthopedic treatment**

I consent to orthopedic dental treatment using local injection anesthesia, in accordance with the Treatment plan of clinic Dent-lux.

1. I was informed about the purpose and nature of the proposed treatment, existing ways and methods of treatment.

2. The preliminary cost of treatment has been agreed with me, which can be changed due to circumstances that are difficult to foresee.

3. I have been warned about the possibility of amending the proposed treatment plan and its cost, depending on the situation developing in the process of its implementation, about which the attending physician will promptly warn me.

4. Understanding the essence of the proposed orthopedic treatment and the uniqueness of my own body, I agree that no one can predict the stability of the results achieved in the long term. I understand that I am guaranteed that all necessary and agreed with me manipulations will be performed in accordance with existing standards and requirements.

5. I was informed that the dentoalveolar system during a person's life undergoes evolutive development (both with and without a prosthesis), which manifests itself in recession (loss) of the gums, atrophy of the jaw bone tissue, abrasion of the hard tissue of the teeth, in this connection there is a periodical need for correction or alteration of the prosthesis. It is also possible to uncement the prosthesis.

6. I understand and agree that the manufactured dentures cannot accurately repeat the anatomical shape and position in the dentition of the previously extracted teeth, because the anatomical changes that have occurred in the alveolar process do not allow achieving the desired result.

7. I understand that getting used to dentures is gradual. After prosthetics, an adaptation period begins, which lasts from one week to six months. The prosthesis must be used prudently and carefully.

8. I am informed that if the patient does not need an orthopedic structure for more than 3 months, the Clinic is not responsible for the quality of the prosthesis (its compliance with the prosthetic bed after a given period of time) and their safety. This prosthesis will be altered at the expense of the Patient.

9. I understand the need to maintain thorough oral hygiene, regular follow-up examinations with a doctor, and therefore I undertake to come for follow-up examinations (according to the schedule set for me) and follow all recommendations for hygienic care of teeth and prostheses.

10. I have been informed that the general warranty period for orthopedic work is 12 months.

The warranty for orthopedic work does not apply: on bushings (matrices) and relining of the prosthesis; for the repair of dentures made outside the warranty period, as well as for any repair of dentures made in other clinics; with natural wear of the matrices of removable locking dentures; for the installation of temporary orthopedic structures; the presence of tooth mobility. If, through the fault of the Patient, temporary structures are not replaced with permanent ones; in the presence of a concomitant disease: periodontitis, periodontal disease; I am aware that the warranty will end: if the patient refuses to complete the agreed treatment plan; if the doctor's recommendations are not followed; in case of non-observance of oral hygiene; in case of failure to appear for the next prophylactic examination and refusal to sanitize the oral cavity; with simultaneous dental treatment in another clinic; with a decrease in the immunological reactivity of the Patient's body.

11. I know that before the delivery of the orthopedic structure, I have the right to demand alterations or adjustments to the work.

12. I have informed my doctor about all past and present cases of allergy to medicinal and other drugs. I informed the doctor about all the diseases I have and am responsible for the negative consequences caused by providing incomplete/inaccurate information about my state of health.

13. I confirm that I had the opportunity to ask all my questions regarding my disease and its treatment and received complete and understandable answers to them.

I certify that I have had full opportunity to read the above, and I fully understand each paragraph of this document.