



Patient Informed Consent and Agreement

I have read and understand the content of this document describing considerations and risks of clear aligners. I have been sufficiently informed and have been given the opportunity to discuss this form and its contents with the undersigned doctor, and to have my questions adequately answered. I have been asked to make a choice about my treatment, and I hereby consent to receive treatment with SmileShare™ Clear Aligners manufactured by DynaFlex® planned, prescribed and provided by the undersigned doctor. I agree to follow my doctor's treatment exactly as my doctor plans, prescribes and provides it for me, and I understand that any questions, concerns or complaints I have regarding my treatment must be communicated to my doctor as soon as they arise.

I acknowledge that neither my doctor nor DynaFlex®, its employees, representatives, successors, assigns, or agents, have, can, or will make any guarantees as to the success of my treatment. I understand that DynaFlex® does not practice dentistry or give medical advice. I understand that DynaFlex® manufactures medical devices based on instructions from the prescribing doctor. I understand that I should always contact my doctor in the first instance (not DynaFlex®) regarding my expectations, difficulties, results, or any other aspects of my treatment.

I understand that it may be necessary to take impressions, intraoral scans, digital model scans, radiographs (x-rays) and/or photographs for diagnosis, professional review by my doctor or other consulting dentists and orthodontists, and submission to DynaFlex®/SmileShare™. I recognize that these will be included in my medical records, which records encompass "individually identifiable health information" as that term is defined and protected by the HIPAA Privacy Rule. I understand that my doctor, as a covered entity under HIPAA, is not required to obtain my consent to use and disclose my individually identifiable health information for treatment, payment, and health care operations activities, but has chosen to do so voluntarily through this document. I further agree that my doctor or DynaFlex® may use my medical records for research and educational purposes, but only to the extent that no individual identifiers, including but not limited to my name or address, are disclosed. I hereby consent to such uses and disclosure(s) as described herein.

Unless otherwise permitted or required by law, other uses and disclosures of my medical records, including advertising or marketing by either my doctor or DynaFlex®/SmileShare™, shall be made only with my prior written authorization. I acknowledge I will not, nor shall anyone on my behalf, seek or obtain damages or remedies—legal, equitable, monetary, or otherwise—arising from any use of my medical records that complies with the terms of this Informed Consent and Agreement.

I acknowledge I have read, understand, and voluntarily consent to the use of SmileShare™ Clear Aligners in accordance with the terms of this Informed Consent and Agreement.

PATIENT NAME:

DOCTOR NAME:

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

