

## GRAPHY ALIGNER TREATMENT INFORMED CONSENT

I have been adequately informed and have had the opportunity to ask questions and discuss any concerns regarding orthodontic treatment using Graphy aligners – shape-memory, 3D-printed direct aligners – with the doctor who will be providing my treatment.

I understand that AlignoGraphy and KoreoGraphy are brands that use Graphy resin for 3D printing aligners.

I have been given sufficient time to read, and I have read the information provided regarding orthodontic treatment with Graphy aligners.

I understand the benefits, risks, and inconveniences associated with aligner treatment, the alternative options available for orthodontic treatment, as well as the option of no treatment.

I understand that orthodontics involves the movement of teeth within the bone and supporting tissue structures and that it cannot achieve 100% accuracy. I acknowledge that my doctor and Graphy Inc. have not made, and cannot make, any guarantees or assurances regarding the outcome of my treatment.

I understand that Graphy Inc. is a resin manufacturing company and is not a provider of medical, dental, or health care services. It does not and cannot practice medicine, dentistry, or provide any medical advice.

I understand that I should only use Graphy aligners after consultation with and a prescription from a Graphy-trained doctor. I hereby consent to orthodontic treatment with Graphy aligners as prescribed by my doctor.

By signing this document, I confirm that I have read and understood the information related to my Graphy aligner treatment. I understand that the goal of the treatment is to achieve the results shown in my customized treatment plan, with the understanding that individual biological factors may affect the final outcome. I hereby consent to treatment for myself or for a minor under my legal care.

I also give my consent with the understanding that PET-G materials may cause allergic reactions in some individuals. I confirm that I have not experienced any allergies to PET-G materials to date, and I commit to informing my doctor of any signs of irritation or allergic response.

Furthermore, I consent that I or the minor under my care undergoing treatment with Graphy aligners will follow the hygiene protocols prescribed without fail.

I confirm that I have read, understood, and agree to the terms stated in this document, as indicated by my signature below. A copy of this consent shall be considered as effective and valid as the original.

Patient name: .....

Patient signature (Or in case of a minor, parent or legal guardian signature) .....

Date: .....

CLINIC NAME .....

DRS NAME AND STAMP .....

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