

Written informed consent

Myofunctional Appliance Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the imbalance in the growth of the jaw bones (excess or reduced growth of the jaw bones) and their ill effects on the functioning of the jaws and cosmetic appearance of the face and the need for an appliance to control or modify the growth of the jaw bones for better function of the jaw bones and better cosmetic of the face.

I have been explained about the procedure in detail including the impression taking, processing of the prosthesis in the lab and fitment of the same later.

Post-operative sequels like discomfort, pain and sensitivity for few days have been explained. If not treated, chances of the improper growth of the jaws and face are also explained.

I hereby agree to undergo the procedure and agree to follow-up with the doctor as per his/her advice.

Date:

signature of the patient:

Time:

signature of the patient attendant:

Signature of the Doctor with seal: