

## NOTICE TO CLINICIAN

*This sample informed consent is provided as a template only. It must be retyped, customized, and issued under your own name and practice. Do not use this form as-is or distribute it with reference to its source. By using this form, you accept full responsibility for its adaptation and application.*

## Patient Informed Consent for Use of the Chao Brushing Stent™ (Patent Pending)

*Supportive Device for Post-Surgical Gum Healing*

Patient Name: \_\_\_\_\_

Date of Procedure: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

### 1. Purpose of the Chao Brushing Stent™

You are being provided with a **custom oral appliance** known as the **Chao Brushing Stent™ (Patent Pending)**. It is designed to protect your gums during the healing period after periodontal or gum surgery. The appliance acts as a **protective barrier during brushing**, allowing you to clean your teeth while shielding healing gum tissue from trauma caused by brushing or accidental contact.

### 2. Instructions for Use and Care

- Wear the appliance **only during brushing**, then remove it immediately.
- Do **not** wear the appliance while eating or sleeping.
- Rinse with cool water and a soft toothbrush after each use. Avoid hot water or harsh cleaning agents.
- If instructed to apply an oral gel or rinse beneath the appliance, follow directions exactly.
- Do not modify or adjust the appliance yourself.
- **If you experience any discomfort, irritation, swelling, or signs of infection, stop using the appliance immediately and notify your dental provider.**

### 3. Material Safety and Allergy Confirmation

- The appliance is made of **biocompatible dental plastics**, including materials such as polyvinyl used in retainers and bite guards.
- By signing this form, you confirm that you have **no known allergies or previous adverse reactions** to plastics, polyvinyl materials, latex, or similar dental appliances.
- If you have a history of such allergies or sensitivities, notify your provider **before use**.

#### 4. Risks and Limitations

- The appliance is a **supportive aid**, not a treatment device, and does not guarantee healing.
- Improper use, poor hygiene, or noncompliance with instructions may result in irritation, delayed healing, or complications.
- Outcomes may vary depending on your individual health and compliance.

#### 5. Acknowledgments

By signing below, you confirm that:

- You understand the purpose, function, and limitations of the appliance.
- You agree to follow all instructions and seek help promptly if any issue arises.
- You understand that your participation in healing depends partly on your cooperation.
- You give permission for your provider to make any necessary adjustments to the appliance for proper fit or function.

#### Patient Consent and Signature

I have read and understood the information above. All of my questions have been answered to my satisfaction. I confirm that I have no known allergies to the materials used and consent to the use of the Chao Brushing Stent™ (Patent Pending) as directed by my dental provider. I understand that if I experience any discomfort or unusual symptoms, I will stop using the appliance and notify my provider immediately.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Clinician/Witness Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_