PATIENT INFORMED CONSENT

Mini-Implant Assisted Rapid Palatal Expander (MARPE)

I accept the use of mini-implant assistant rapid palatal

expander (MARPE) to expand my maxilla during my orthodontic treatment, as explained to me by Dr. Maria Karpov (provider

I understand that MARPE will be placed on my palate using mini-implants and that the number of mini-implants placed will be determined by the provider. I have been informed that the insertion of the mini-implants is performed under local/topical anesthesia and I am aware of the planned area for the placement of mini-implant(s

Name:	 _

Risk and Complications

I understand that there are risks and complications associated with MARPE which include but are not limited to the following:

- 1. Failure of mid palatal suture to split
- 2.Discomfort due to adjustment and application of MARPE
- 3. Swelling, infection, bleeding and/or pain at the sire of mini-implant placement
- 4. Congestion sinusitis and or tingling sensation in the nasa and sinus area
- 5. Failure of the implants to take hold
- 6. Allergic reaction to anesthesia and/or orthodontic materials
- 7.Loss of teeth vitality
- 8. Although rare temporary healing loss, paresthesia, numbness and/or loss of sensation
- 9. Additional treatment may be required due to unforeseen circumstances or inability of mid-palatal suture to split.

I have also informed the provider of my complete medical history and that I am not taking any of the following medications: Fosamax, Actenol, Bonica, Aredia, Zometa and/or other forms of bisphosphonates as this may increase the likelihood of mini-implant loosening and/or fracture of the supporting bone.

I am aware that MARPE is subject to potential failure due to natural causes and personal habits, including but not limited to, osteoporosis, surrounding jaw bone not integrating with implants, poor oral hygiene, poor health, nicotine use, alcohol abuse and local of follow-up dental maintenance care. Case failures are rare, but any replacement will incur a prevailing fee. For older adults, there is a high risk of failure of achieving mid-palatal suture split; however, I am still responsible for the full payment of MARPE and that no refunds will be granted if this occurs.

I have had the opportunity to discuss the risks, benefits and alternatives I hereby consent to the placement and delivery of MARPE during my orthodontic treatment.

Name:	Date:
Signature:	