



AESTHETIC
SMILE DESIGNS

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Informed Consent Form for Nightlase™ Laser Snoring and Sleep Apnea Reduction

You will be given a copy of the full Informed Consent Form (if you request one)

Information:

You have a significant snoring issue and if you have been diagnosed with Sleep Disordered Breathing, you have decided that you either cannot tolerate or choose not to tolerate a CPAP or a Mandibular Advancement Device. If you do not have a previous diagnosis we have reviewed with you the medical disorders that may be related such as high blood pressure, weight gain, hormone imbalances, stroke and coronary artery disease to name a few. If appropriate we have recommended that you seek medical care for screening for OSA (Obstructive Sleep Apnea) or other Sleep Breathing Disorder, with your medical practitioner.

Purpose:

This treatment is an alternative procedure for patients who cannot tolerate CPAP and or Mandibular Advancement Devices or may even be done in conjunction with those for better health. Nightlase has been found to be a therapy that is beneficial in reducing snoring and Sleep Disordered Breathing or its side effects by non-surgically opening the airway, reducing its collapsibility and or retraining the musculature.

Type of Dental Intervention:

Neodymium Yag heating and Erbium: Yag Laser non ablative(non cutting) treatment of the soft palate and adjacent structures.

Procedures and Protocol:

1. Treatment Consent
2. Photos / Video Consent
3. Pre-op Photos
4. Fill out Pre treatment evaluation
5. Laser treatment approximately 30 minutes
6. 3-4 or more repetitions of Laser treatment -3 weeks apart
7. Post operative photo

A. Unfamiliar Procedure:

The intra-oral use of intra-oral laser . During the procedure you may feel heat similar to sipping hot coffee .

Post operatively; you may feel a sensation similar to a mild throat irritation for a day or two.

Duration:

Treatment will consist of 3 to 5, 30 minute sessions 3 weeks apart.

Risks:

There are no risks other than that you may not perceive an improvement in your symptoms. There have been no recorded incidents of negative changes in swallowing, speech , or breathing . Patients with previous “Pillar “ implants are warned that even though there is no recorded incidence , it is possible for pillars placed close to the surface to migrate or be exposed and the patient would need to see an oral surgeon or ENT for evaluation for removal at their own cost .

Possible Benefits:

- Improved Sleep quality and its benefits
- Reduced fatigue
- Weight loss
- possible increased airway breathing
- Happier spouse / family

Length of Treatment:

The Nightlase treatment is strictly a therapy to help maintain a more open airway during sleep and daytime hours. It is not meant to be a cure for snoring or Sleep Disordered Breathing. Due to patient variability the treatment results may last from 6-12 months before requiring some maintenance treatment. Over time, with no treatment, simple snoring may develop into sleep apnea or other types of Sleep Disordered Breathing. These conditions may also become worse. Therefore, it is important to be screened yearly. If unusual symptoms occur, you are advised to schedule an office visit to evaluate the situation. Individuals who have been diagnosed as having Sleep Disordered Breathing, may notice that after Nightlase treatment they feel more refreshed and alert during the day. This is only subjective evidence of improvement of Sleep Breathing Disorders and may be misleading. The only way to accurately measure whether the Nightlase treatment has assisted in keeping the oxygen levels sufficiently high, to prevent abnormal heart rhythms and other problems is to be retested with a sleep recorder or polysomnograph.

Confidentiality:

All data will be kept confidential, only the results will be tabulated for research according to standard protocols.

Right to Refuse or Withdraw:

You have the right to withdraw before completion of the treatment.

Alternative Treatments:

Other accepted treatments for sleep-disordered breathing (such as snoring or sleep apnea) include behavior modification, weight loss, surgical procedures and CPAP appliances or oral appliances. You have chosen Nightlase therapy to treat your particular problem and are aware that it may not be completely effective for you, and may need to be combined with other treatment modalities.

Unusual Occurrences:

As with any form of medical or dental treatment, unusual occurrences although rare, can and do happen. Mouth sores, muscle spasms and sore jaw muscles are all possible occurrences.

Most of these complications and unusual occurrences are infrequent and of short duration. Additional medical and dental risks that have not been mentioned may occur. Good communication is essential for the best treatment results. Please call or come to the office if you have any questions or problems regarding treatment.

Part II: Certificate of Consent

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily and understand that I have the right to withdraw from the treatment at any time without in any way affecting my doctor/patient relationship . I consent to the taking of photographs, video and any necessary xrays before, during and after treatment, and their use in scientific papers, demonstrations or discussions of the procedure in social media, print and online, with no time or usage restrictions

Print Name of Patient _____

Signature of Patient _____

Date _____

Print Name of Witness _____

Signature of Witness _____

Date _____

I have accurately read or witnessed the accurate reading of the consent form to the potential patient, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print Name of treating Doctor _____

Signature of treating doctor _____

Date _____

A copy of this Informed Consent Form has been provided to participant ____ (initialed by the Doctor/assistant)