

Oralift®

facial rejuvenation

Patient Guide

Congratulations on choosing Oralift Facial Rejuvenation.

The results can be very satisfying but you will have to be patient.

Facial muscles will need time to relax and lift the soft tissues of the face. You may start to see some of these changes within days of the treatment starting. Oralift Facial Rejuvenation is a unique natural treatment designed to delay the signs of facial ageing and improve existing signs of ageing.

How does the Oralift appliance work?

The Oralift appliance works by using the body's healing capacity and its ability to adapt to changes. The muscles of the face when relaxed usually keep the lips together and the teeth slightly apart. The little space between the upper and lower teeth is called the "free way space" and is usually 1-3mm in size. At this relaxed position or resting position there is a minimal amount of electrical activity occurring in the facial muscles to maintain muscle tone.

When you wear the Oralift appliance it separates the teeth by an amount much greater than your original "free way space". The muscles on the face immediately realise that this appliance is something that they cannot chew or eat. The muscles now adapt by altering their fibres to create a new resting length and a new "free way space". This process involves greater protein activity for which muscles need more nutrients. It is believed that the muscles release various proteins including a growth factor (Mechano Growth Factor) which seems to trigger off the body's healing process. This may be one of several reasons to explain the anti ageing effects. This is very similar to when we do exercise but this process is done passively. This passive exercise can have an anti ageing effect.

Swallowing

The teeth should not touch when you are swallowing. Clenching your teeth when swallowing is a form of parafunction. Parafunction includes clenching and grinding and can lead to facial pain. The swallowing pattern should involve putting the tip of the tongue behind the two upper front teeth while keeping the lips together and the teeth apart.

Monitor freeway space

Each time you use the Oralift appliance you should record on the monitoring sheets the number of times your upper teeth touch the appliance in a five minute period. This is called "The Tick Test" (see your regime instructions). This exercise should reinforce the message in your subconscious mind that the upper teeth should not touch the lower teeth when at rest and may help to stop a clenching and grinding habit.

If you think or are aware that you clench in your sleep, you will probably find that your freeway space when you wake up, is very small. If this is the case, you should wear your Oralift appliance for a few minutes before you go to sleep. This will increase your freeway space and help to discourage clenching. You must become more aware of your freeway space (space between the upper and lower teeth when at rest). The more relaxed the facial muscles, the bigger the freeway space.

A normal freeway space should be 1-3mm. When the facial muscles are relaxed the freeway space increases to 5-10mm. The Oralift appliances should be worn as prescribed and never 24 hours a day. Always follow your practitioner's instructions.

Soreness with the Oralift appliance

You should not get any facial pain, headaches or any kind of soreness when using the Oralift appliance. If you do, please record it on your monitoring sheet in the box marked H/FP (Headache /Facial pain). Please also remember to tell your Oralift practitioner. You should also look for any signs of overuse. Your practitioner should have explained the changes in your skin at the consultation. This should also be recorded on your monitoring sheet in the box marked SO (Signs of Overuse). Pain and or signs of overuse are an indication that you are proceeding too quickly.

Do not clench or grind your teeth. Your upper and lower teeth should not touch when lips are together at rest. This can not be stressed enough! Keep lips together. Try to keep the lips together. This will prevent the mouth and lips getting dry. Remember to keep a space between the teeth, but still keep the lips together. This is very important as this will allow the facial muscles to adapt and keep the jaw in its new resting position. In normal function, teeth do not touch. Even when we eat, the teeth help to squash the food, but do not come into contact.

Cleaning the Oralift appliance

The Oralift appliances should only be cleaned with cold water or with toothpaste and a brush. A cleaning solution may be recommended by your practitioner.

Oralift regime:

This regime is for an average person, but everyone is an individual. You may have to be patient and adapt to the times that are right for you, but it is most important always to follow your wear day with two days of rest. In the two day rest period if you see any signs of overuse, reduce the time you are wearing the appliance. One patient could only wear the appliance just for a minute or two but gradually built up the time. Some patients may not need to wear the second appliance until much later than recommended, and a few may not need to wear it at all.

- Day 1: Wear small appliance for 2 sessions x 15 min each. Do 5 min “tick test”.
- Days 2 & 3: Rest.
- Day 4: Wear appliance for 2 sessions x 30 min each. Remember lips must be kept together and teeth kept apart. If muscles start to ache or you find it too difficult, reduce the amount of time that you are wearing the appliance.
- Day 5 & 6: Rest.
- Day 7: 2 sessions x 45 min each if still comfortable.
- Day 8 & 9: Rest.
- Day 10: 2 sessions x 60 min each. Reduce the time if necessary.
- Day 11 & 12: Rest.
- Day 13: Wear as day 10.

Continue this regime ie wearing the appliance every third day for 2 x 60 minute sessions for another 6 weeks.

Tick test: Every day you wear the appliance, do “the 5 minute tick test” i.e make a note in a note book every time your top teeth touch the top of the appliance. If the muscles are quite relaxed you will find the teeth will touch only a few times, less than 5. If they touch more you are not ready to go on to your next appliance. Remember the teeth should not touch the top of the appliance even when you swallow. When swallowing, the tip of your tongue should be behind the upper 2 front teeth and the rest of your tongue will keep the back teeth apart.

Medium appliance regime:

- Day 1: Wear the medium appliance for 5 minutes and then the small appliance for the rest of the time (55 minutes) each session. Do the 5 minute tick test with medium appliance.
- Days 2 & 3: Rest.
- Day 4: Wear the medium appliance for 15 minutes and smaller for 45 minutes in each session. Remember lips must be kept together and teeth kept apart.
- Day 5 & 6: Rest.
- Day 7: Wear the medium appliance for 30 minutes and then the small appliance for 30 minutes each session.

Day 8 & 9: Rest.
Day 10: Wear the medium appliance only for one hour twice a day.
Day 11 & 12: Rest.
Day 13: Wear as day 10. Carry on same routine for 2 months.

Tick test: remember do the tick test every time you wear the appliance and make a note of it in the note book. Your practitioner will check it at your next appointment.

Some people may need to go more slowly than recommended above. If the muscles ache when you are doing the 15 minute or half hour sessions or if you see any signs of overuse you should either reduce the time you are wearing the appliance to half or do more shorter sessions eg instead of 2 x 15 minute sessions, you should do 6 x 5 minute sessions. Because this is going to be a lifetime regime, it is better to progress slowly. Do not move on to the higher appliance, if the muscles ache at all. Remember your muscles should never ache when you are wearing the appliances.

After 4 months of wearing the appliance a rest period of 4 months is recommended. Thereafter, the standard Oralift regime is: 2 months Oralift use followed by 4 months rest.

Monitoring

The Oralift Monitoring Diary has sections for you and your Oralift practitioner to complete. When completing your section, please record the time the appliance is worn. Each box represents 5 minutes. If you are wearing the small appliance, use a blue pen and red if you are wearing the medium appliance. For those of you who are advised to wear the large appliance, complete your section with green. In the box for the "tick test" enter the number of ticks recorded in 5 minutes.

Mark the Signs of Overuse with a tick if you experience any pain on the face, neck, shoulder or headache. This box should also be marked if you see any signs of overuse as explained by your provider of the appliance. In fact if you see any signs that you do not like, these should be regarded as signs of overuse and the box marked accordingly. Remember to tell your Oralift Practitioner about these next time you see him. Please remember to answer the questions in the middle of the page every 2 weeks.

With this treatment, there should be no pain and no signs of overuse!

If you are unable to wear your Oralift appliance on the prescribed day, you should wear it the following day, but it is important always to have two days rest after each day you have worn it.

Permission to use photographs – Questionnaire

Name:

Date:

We feel that your photos are valuable in illustrating the success of The Oralift technique. Please tick below if you are willing for your photographs to be used, we appreciate your co-operation with this.

	Yes, whole face	Yes, only parts of the face	No
To show to other patients			
To show on Oralift websites			
To use for teaching purposes			
To use for promotional purposes			
In brochures or magazines			
Would you be willing to speak to other patients who have not yet had treatment?			

I confirm that I am satisfied with the answers I have given in this form.

Signature:



Week 1

Yes = Red, No = Green

Small Appliance = Blue, Medium Appliance = Red, Large Appliance = Green

Day 1 am
 pm

Tick Test

SO
(SO - signs of overuse)

Day 2 am
 pm

REST DAY

SO

Day 3 am
 pm

REST DAY

SO

Day 4 am
 pm

Tick Test

SO

Day 5 am
 pm

REST DAY

SO

Day 6 am
 pm

REST DAY

SO

Day 7 am
 pm

Tick Test

SO

Week 2

Do you clench your teeth in day time? Y N

Do you clench your teeth at night? Y N

Do your teeth ever touch in day time? Y N

Are you more aware of your freeway space? Y N

Day 1 am
 pm

REST DAY

SO
(SO - signs of overuse)

Day 2 am
 pm

REST DAY

SO

Day 3 am
 pm

Tick Test

SO

Day 4 am
 pm

REST DAY

SO

Day 5 am
 pm

REST DAY

SO

Day 6 am
 pm

Tick Test

SO

Day 7 am
 pm

REST DAY

SO



Week 3

Yes = Red, No = Green
Small Appliance = Blue, Medium Appliance = Red, Large Appliance = Green

Day 1
am
pm

REST DAY

SO
(SO - signs of overuse)

Day 2
am
pm

[Grid of 20 empty boxes]

Tick Test

SO

Day 3
am
pm

REST DAY

SO

Day 4
am
pm

REST DAY

SO

Day 5
am
pm

[Grid of 20 empty boxes]

Tick Test

SO

Day 6
am
pm

REST DAY

SO

Day 7
am
pm

REST DAY

SO

Week 4

Do you clench your teeth in day time? Y N
Do you clench your teeth at night? Y N

Do your teeth ever touch in day time? Y N
Are you more aware of your freeway space? Y N

Day 1
am
pm

[Grid of 20 empty boxes]

Tick Test

SO
(SO - signs of overuse)

Day 2
am
pm

REST DAY

SO

Day 3
am
pm

REST DAY

SO

Day 4
am
pm

[Grid of 20 empty boxes]

Tick Test

SO

Day 5
am
pm

REST DAY

SO

Day 6
am
pm

REST DAY

SO

Day 7
am
pm

[Grid of 20 empty boxes]

Tick Test

SO

Week 5

Yes = Red, No = Green
Small Appliance = Blue, Medium Appliance = Red, Large Appliance = Green



Day 1 am
pm

REST DAY

SO
(SO - signs of overuse)

Day 2 am
pm

REST DAY

SO

Day 3 am
pm

Grid of 20 empty boxes

Tick Test

SO

Day 4 am
pm

REST DAY

SO

Day 5 am
pm

REST DAY

SO

Day 6 am
pm

Grid of 20 empty boxes

Tick Test

SO

Day 7 am
pm

REST DAY

SO

Week 6

Do you clench your teeth in day time? Y N
Do you clench your teeth at night? Y N

Do your teeth ever touch in day time? Y N
Are you more aware of your freeway space? Y N

Day 1 am
pm

REST DAY

SO
(SO - signs of overuse)

Day 2 am
pm

Grid of 20 empty boxes

Tick Test

SO

Day 3 am
pm

REST DAY

SO

Day 4 am
pm

REST DAY

SO

Day 5 am
pm

Grid of 20 empty boxes

Tick Test

SO

Day 6 am
pm

REST DAY

SO

Day 7 am
pm

REST DAY

SO



Week 7

Yes = Red, No = Green
Small Appliance = Blue, Medium Appliance = Red, Large Appliance = Green

Day 1 am

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Tick Test

SO
(SO - signs of overuse)

Day 2 am

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 REST DAY

SO

Day 3 am

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 REST DAY

SO

Day 4 am

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Tick Test

SO

Day 5 am

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 REST DAY

SO

Day 6 am

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 REST DAY

SO

Day 7 am

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Tick Test

SO

Week 8

Do you clench your teeth in day time? Y N
Do you clench your teeth at night? Y N

Do your teeth ever touch in day time? Y N
Are you more aware of your freeway space? Y N

Day 1 am

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 REST DAY

SO
(SO - signs of overuse)

Day 2 am

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 REST DAY

SO

Day 3 am

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Tick Test

SO

Day 4 am

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 REST DAY

SO

Day 5 am

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 REST DAY

SO

Day 6 am

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Tick Test

SO

Day 7 am

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 REST DAY

SO

Week 9

Yes = Red, No = Green
Small Appliance = Blue, Medium Appliance = Red, Large Appliance = Green



Day 1	am pm	<div style="border: 1px solid red; padding: 2px;"> <table border="1" style="border-collapse: collapse; text-align: center; width: 100%;"> <tr><td colspan="16">REST DAY</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </div>	REST DAY																																																	SO <input type="checkbox"/> (SO - signs of overuse)
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Week 10

Do you clench your teeth in day time? Y N
Do you clench your teeth at night? Y N

Do your teeth ever touch in day time? Y N
Are you more aware of your freeway space? Y N

Day 1	am pm	<table border="1" style="border-collapse: collapse; text-align: center; width: 100%;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																	Tick Test <input type="checkbox"/>	SO <input type="checkbox"/> (SO - signs of overuse)																
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Week 11

Yes = Red, No = Green
Small Appliance = Blue, Medium Appliance = Red, Large Appliance = Green

Day 1 am
pm

REST DAY

SO
(SO - signs of overuse)

Day 2 am
pm

REST DAY

SO

Day 3 am
pm

[Grid of 20 empty boxes]

Tick Test

SO

Day 4 am
pm

REST DAY

SO

Day 5 am
pm

REST DAY

SO

Day 6 am
pm

[Grid of 20 empty boxes]

Tick Test

SO

Day 7 am
pm

REST DAY

SO

Week 12

Do you clench your teeth in day time? Y N
Do you clench your teeth at night? Y N

Do your teeth ever touch in day time? Y N
Are you more aware of your freeway space? Y N

Day 1 am
pm

REST DAY

SO
(SO - signs of overuse)

Day 2 am
pm

[Grid of 20 empty boxes]

Tick Test

SO

Day 3 am
pm

REST DAY

SO

Day 4 am
pm

REST DAY

SO

Day 5 am
pm

[Grid of 20 empty boxes]

Tick Test

SO

Day 6 am
pm

REST DAY

SO

Day 7 am
pm

REST DAY

SO

Week 13

Yes = Red, No = Green
 Small Appliance = Blue, Medium Appliance = Red, Large Appliance = Green



Day 1	am pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tick Test <input type="checkbox"/>	SO <input type="checkbox"/> (SO - signs of overuse)
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Day 6	am pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		SO <input type="checkbox"/>
Day 7	am pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tick Test <input type="checkbox"/>	SO <input type="checkbox"/>

Week 14

Do you clench your teeth in day time? Y N
 Do you clench your teeth at night? Y N

Do your teeth ever touch in day time? Y N
 Are you more aware of your freeway space? Y N

Day 1	am pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		SO <input type="checkbox"/> (SO - signs of overuse)
Day 2	am pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		SO <input type="checkbox"/>
Day 3	am pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tick Test <input type="checkbox"/>	SO <input type="checkbox"/>
Day 4	am pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		SO <input type="checkbox"/>
Day 5	am pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		SO <input type="checkbox"/>
Day 6	am pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tick Test <input type="checkbox"/>	SO <input type="checkbox"/>
Day 7	am pm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		SO <input type="checkbox"/>



Week 15

Yes = Red, No = Green

Small Appliance = Blue, Medium Appliance = Red, Large Appliance = Green

Day 1
am
pm

REST DAY

SO
(SO - signs of overuse)

Day 2
am
pm

Tick Test

SO

Day 3
am
pm

REST DAY

SO

Day 4
am
pm

REST DAY

SO

Day 5
am
pm

Tick Test

SO

Day 6
am
pm

REST DAY

SO

Day 7
am
pm

REST DAY

SO

Week 16

Do you clench your teeth in day time? Y N

Do you clench your teeth at night? Y N

Do your teeth ever touch in day time? Y N

Are you more aware of your freeway space? Y N

Day 1
am
pm

Tick Test

SO
(SO - signs of overuse)

Day 2
am
pm

REST DAY

SO

Day 3
am
pm

REST DAY

SO

Day 4
am
pm

Tick Test

SO

Day 5
am
pm

REST DAY

SO

Day 6
am
pm

REST DAY

SO

Day 7
am
pm

Tick Test

SO

Instructions given at start

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Instructions given at week.....

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Instructions given at start

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Instructions given at week.....

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Instructions given at start

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Instructions given at week.....

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Instructions given at start

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Instructions given at week.....

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Consent form for Oralift treatment

Patient:

Address:

I hereby consent to undergo the following treatment as explained to me by Dr. who has explained the nature of the treatment, its purpose, risks and alternatives to me. I have been given the opportunity to ask questions. I understand that should any change in this treatment be required, it will be explained to me and my specific consent obtained. I understand that this treatment is currently awaiting clinical trials, and the results of this treatment vary from patient to patient.

Treatment: Oralift Facial Rejuvenation

I understand the cost of the treatment will be £.....

Signature: Date: (Patient)

I confirm that I have obtained a full medical history and explained to the person who signed the above form of consent, in terms which in my judgement are suited to his/her understanding, the nature, purpose, risks and alternatives of this treatment and that the techniques and usual pain control procedures have also been explained to him/her.

Signature: Date: (Practitioner)

Oralift[®]
facial rejuvenation

www.oralift.com