

## **ORTHODONTIC SUPPLEMENTAL INFORMED CONSENT**

# Delivery of Orthodontic Services by Teledentistry

You have elected to receive orthodontic services via Teledentistry which involves using electronic and digital communications between you as a patient or parent and your orthodontist. In providing Teledentistry services, our practice will follow the rules and regulations of the state dental board(s) in which the doctor is licensed.

### **THERE ARE RISKS AND LIMITATIONS WITH TELEDENTISTRY FOR ANY DENTAL TREATMENT INCLUDING ORTHODONTICS:**

- Unfortunately, some of the conditions that lead to adverse outcomes in orthodontics are difficult, if not impossible, to diagnose and treat without an in-person examination and if not diagnosed can lead to long term problems. These conditions include, but are not limited to, periodontal disease (disease of the gums and bone), root resorption (shortening of the roots of the teeth) and oral pathology (lesions that may be harmful), all of which require radiographs and/or other imaging techniques to identify. These potential complications and others are discussed in more detail in our Comprehensive Informed Consent document which we will ask you to review.
- The photography or digital imaging you provide to us can only give a superficial view and may be inadequate to identify all areas of concern. Although we strive to provide excellent service using Teledentistry, treatment or recommendations based solely on Teledentistry may not allow adequate monitoring of oral conditions, treatment progress or unexpected responses to treatment.
- When using electronic and digital communication in the provision of care, there is potential for the breach of confidentiality and/or inadvertent access of protected health information by someone other than your orthodontist, as well as a risk that a loss of electronic communication could mean the loss of Teledentistry services.
- In-person office visits are preferred for the best orthodontic outcomes. Teledentistry involves risks that an office visit might avoid, and Teledentistry is best used when an office visit is impractical or in between regular office visits. Your orthodontist will use his/her best judgment in determining when Teledentistry is appropriate.

*(continued on page 2)*



**CONSENT**

Do you understand the risks and limitations of teledentistry (**outlined on side 1**) and hereby consent to forwarding patient-identifiable information to our practice using electronic communications?  Yes  No

Consent to treatment using Teledentistry?  Yes  No

**PATIENT INFORMATION**

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

\_\_\_\_\_  
Phone/Mobile

\_\_\_\_\_  
Patient Address

\_\_\_\_\_  
Parent/Guardian Name (*if applicable*)

\_\_\_\_\_  
Relation

\_\_\_\_\_  
Patient/Parent/Guardian Signature

\_\_\_\_\_  
Date

**DOCTOR INFORMATION**

\_\_\_\_\_  
Name of Practice/s

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

\_\_\_\_\_  
Phone/Mobile

\_\_\_\_\_  
Doctor Practice Address

**DENTAL REGULATOR**

\_\_\_\_\_  
List State/s or Provinces of Dental Practice

\_\_\_\_\_  
Name of Dental Regulator for This Practice

\_\_\_\_\_  
Regulator Address

\_\_\_\_\_  
Regulator Phone

**Developed in cooperation with AAOIC**