

## Supplemental Informed Consent for Declining Orthodontic Records Including Progress Records

Orthodontic treatment requires a thorough knowledge of the health of the teeth and jaws, before during and after treatment. This knowledge can only be obtained by taking orthodontic records; including but not limited to, photographs or digital images, x-rays, and models of the teeth and surrounding structures.

Without these records, your orthodontist may be unable to see problems associated with the teeth and jaws, such as root shortening, uneven jaw growth, cysts or tumors, gum disease, or impacted teeth. Progress x-rays and/or other types of orthodontic records are essential for the proper management of an orthodontic case. The lack of appropriate records could lead to a compromised treatment result or other severe complications, such as tooth loss, or continued development of undiagnosed disease.

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I hereby acknowledge that I have read and understand the above statements, that I understand the risks and possible ramifications of declining the recommended orthodontic records, that I have discussed this form with the undersigned orthodontist and have been given the opportunity to ask questions and have had any questions answered to my satisfaction.

\_\_\_\_\_  
Signature of patient/parent/guardian      Date      Witness      Date

I have the legal authority to sign this on behalf of \_\_\_\_\_  
Name of patient

\_\_\_\_\_  
Print name      Relationship to patient

\_\_\_\_\_  
Signature of orthodontist      Date