

Supplemental Informed Consent for SmileDirectClub Customers

Successful orthodontic treatment involves both the patient and the orthodontist. The orthodontist must develop an individualized treatment plan based on the patient’s current condition. This can only be achieved by the orthodontist performing a comprehensive examination and obtaining appropriate diagnostic records. The patient must agree to be a cooperating participant in their treatment for the best possible outcome.

Because of SmileDirectClub’s abrupt closure of business, many of their customers are seeking continuation of their care by orthodontic specialists. It is important to understand the following:

- Your orthodontist will perform a comprehensive in person clinical examination and obtain appropriate diagnostic records before making a diagnosis and developing a treatment plan.
- Your orthodontist may refer you to a general dentist or other dental or medical healthcare provider, as deemed appropriate before or during treatment and make progress records during treatment as appropriate.
- Because you have had treatment where appropriate records may not have been made, you may be at greater risk for complications including, but not limited to dental caries, periodontal problems, root resorption, and undiagnosed pathology.
- Your prior treatment may compromise your ability to receive the most ideal orthodontic treatment result.
- Your orthodontist may recommend the discontinuation of your current aligners.
- Your orthodontist may not recommend additional orthodontic treatment due to the current health of your mouth and teeth.
- If additional treatment is recommended, you, and/or your parent or guardian on your behalf, and your orthodontist, must agree to your treatment plan.
- SmileDirectClub is a separate entity, unrelated to your orthodontist's treatment. Your orthodontist is not responsible for any adverse outcomes from your previous treatment via SmileDirectClub.
- Your orthodontist is not obligated to honor your previous financial arrangement with SmileDirectClub. New financial arrangements will be discussed prior to beginning your new treatment plan.

I hereby acknowledge that I have read and understand the above statements, 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