

## Teledentistry Consent

Please note that we are required by law to obtain consent for this interaction via telemedicine. If you do not agree to this, we can provide the ability to have a phone call or in-person once the Community Dental Center-School of Dentistry returns to normal operations.

Providing services via teledentistry has its limitations. As such, we will not be able to touch and examine you.

Please also note there may be a fee of \$35.00 charged for the teledentistry appointment, that you will be responsible for if this service is not a covered benefit.

Please also note that we have the option of recording our interaction. The recording will be used only for the purposes of documenting your treatment in your patient record. If you do not want us to record the session it will not affect the care you receive.

Do you accept for us to use this method of communication?

I agree to have teledentistry appointment

I do NOT agree to have a teledentistry appointment

\_\_\_\_\_  
Patient name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature (patient, parent or guardian)

\_\_\_\_\_  
Date