Ortho Informed Consent

1. With patient selected, open the EHR and select the Forms tab
2. Click on the button to open Add Form window
3. Select Ortho Informed Consent
4. Complete the data fields in the form
5. Click on the printer button, opening Print Form
6. Choose Preview
7. To insure that all necessary text printed on the first page, we had to limit field length on: Treatment Plan (1 line, 120 characters) & Special Considerations (3 lines, 420 characters). Be sure to preview your entries to insure that they all display. See example on next page.
   No highlighting appears on the actual form.
8. Review form with patient and have them sign
9. Print out a copy for them to take with them
INFORMED CONSENT FOR ORTHODONTIC TREATMENT
School of Dentistry, Medical College of Georgia

RECOMMENDED TREATMENT

In general terms, the orthodontic treatment recommended for Test Test will consist of the following:

Treatment Plan - You are limited to 120 characters and one line. If you add more characters than space allows, the characters will appear in this extra small window and will not print. When you jump down to the next line, you could lose up to a third of your characters, depending upon where the break occurs.

- Special Considerations - You are limited to 420 characters and three lines. If you add more characters than space allows, the characters will appear in this extra small window but will not print.

TREATMENT TIME

The treatment involves an estimated active treatment time of 18 months. The active phase of treatment will be followed by an indefinite retention period. If additional time is needed to ensure the desired results, the program will provide such with no additional charge. If, however, treatment is prolonged due to lack of patient cooperation, the original estimate of treatment time or the planned outcome may not be realized.

FEES

The total fee for the recommended orthodontic treatment is $1,498.00, which includes an initial Appliance Placement fee of $874.00. The balance fee will be divided into 18 monthly payments of $145.67 to equal $2,622.00.

Payments are due the day of, or before, the specific appointment unless other arrangements have been made. Monthly payments begin the month following the placement of the appliances and do not reflect the amount of work or time expended in a particular month but are for the convenience of the patient. Whether a patient is seen weekly or does not visit the clinic in a particular month, the same payment is due for the month. The number of payments will not increase or decrease regardless of the length of treatment unless there is a lack of patient cooperation. All appliances utilized during treatment (e.g., bands, headgear, elastics, any documentary progress records, and initial retainers) will be provided as part of the stated fee. The materials are durable and should last through the entire treatment. If they must be replaced due to loss, careless handling, or neglect on the part of the patient, additional charges will be made to ensure completion of the plan of treatment. The total fee does not include dental, oral surgery, or special services administered as adjunctive procedures outside the Orthodontic Clinic.

VISITS

Most of the supervisory consultants are scheduled on specific days every two to four weeks. Patient appointments must coordinate with the specific times when the assigned instructor is available. Because this is an academic program which operates on an 8:00 AM to 5:00 PM schedule Monday through Friday, many appointments will directly conflict with your own school or work hours. Your patience, flexibility, and cooperation will be expected as we all work together to avoid significant problems related to appointment scheduling. In the case of unexpected conflicts with specific appointments, a 24-hour advance notice will most effectively and efficiently expedite appointment changes.

To properly fit the bands and place the appliances, the first few appointments will be frequent and for intervals of up to two hours. When the appliances are securely in place, active treatment will begin. Appointments will then occur every two to four weeks. Shorter intervals of thirty minutes to an hour will typically be required during the active phases of treatment. When bands are removed and the retention period is reached, office visits will occur once a month for several months and then taper off to a six-month recall schedule.

Our desire is to obtain a pleasing result for all concerned. Feel free to consult with us at any time concerning treatment to better understand what is being done and how it must be accomplished.

AUTHORIZATION FOR TREATMENT

I, hereby state that I have read and understand this consent and that all of my questions about the orthodontic treatment have been answered in a satisfactory manner. The planned treatment and alternate methods of treatment, if any, have been explained to me, as have the advantages and disadvantages of each. I am advised that though good results are expected, the possibility and nature of complications cannot be accurately predicted and that there can be no guarantees as expressed or implied either as to the result of treatment or its cure.

I hereby authorize and direct the performance of necessary orthodontic treatment or procedures as described to me including the use of any necessary or advisable radiographs (x-rays) or diagnostic aids, with the exception of none.

I also authorize the use of said diagnostic materials and treatment records for the purpose of teaching, research, and scientific publication.

______________________________
Patient or legal guardian's signature

______________________________
Date

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10/24/2010