BRANDI HOWARD-STICKEL
& ASSOCIATES, DDS, LLC

110 Daniel Drive, Suite 3 Uniontown, PA 15401 | 724-437-0937

TELEDENTISTRY CONSENT

I am acknowledging that I wish to receive a teledentistry consultation with my dentist. In the absence of radiographs, I understand that I may be asked to send photographs or other documentation as requested by the dentist. I will try to provide as much detailed information as I can.

I understand that the doctor is limited to what they are able to determine in these circumstances. I also understand that if I am experiencing pain or swelling that is life threatening, I will call 911 or go to an emergency room.

I understand that I am responsible for any payment resulting from this consultation that is not covered by a dental insurance plan. In addition, I understand and consent to this consultation being recorded for clinical documentation and accuracy.

By my signature, I acknowledge and agree to the Teledentistry Consent.

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Patient or Responsible Party Date