

Treating dentist attestation

I attest that _____ has had an examination in compliance with all applicable state laws and regulations, including, subject to the below, review of _____ [his/her/their] most recent diagnostic digital or conventional radiographs or other equivalent bone imaging suitable for orthodontia, and have determined that _____ [his/her/their] oral health is stable for orthodontic treatment meeting all the conditions below:

- ☐ **Periodontal Status:** the patient has no active periodontal disease, or has been referred for treatment of a gingival/periodontal condition and otherwise has been cleared for orthodontic treatment.
- ☐ **Restorative Status:** the patient has no urgent or emergent restorative needs, or has been referred to a dentist for treatment and otherwise has been cleared for orthodontic treatment.
- ☐ **Soft Tissue Status:** the patient has no pathologic conditions or suspicious lesions (Cysts, tumors, other hard or soft tissue lesions) of the oral-facial complex, or has been referred and otherwise has been cleared for orthodontic treatment.
- ☐ The most recent diagnostic digital or conventional radiographs or other equivalent bone imaging (i) have been reviewed by me, (ii) were used in consultation with me by another provider who had direct access to the patient; or (iii) have been determined to be unnecessary at this time in my clinical judgment based on the totality of the circumstances.
- ☐ Has an established dental home or other dentist that the patient can physically access for dental emergencies arising from the treatment.

Treating dentist name: _____

State/license number: _____ Dentist NPI number: _____

Signature: _____ Date: _____

All services provided are subject to audit.