Teleorthodontics is the delivery of health information and orthodontic care to patients remotely using information technology and telecommunications and encompasses the evaluation, diagnosis, treatment, remote monitoring, and continuing education of patients. Importantly, teleorthodontics is doctor-directed and doctor-prescribed treatment and is not so-called “do-it-yourself orthodontics.” Similarly, “direct-to-consumer” (DTC) teleorthodontic treatment is not DIY orthodontics and is doctor-directed, doctor-prescribed, and is a safe and efficacious treatment modality. DIY orthodontics does not involve a dentist nor orthodontist at any point during care and can result in dangerous and potentially harmful outcomes for patients. The ATDA does not support the use of any DIY orthodontic products or treatment and strongly encourages patients seeking orthodontic treatment to only use licensed dentists and orthodontists. Notably, remote clear aligner therapy as offered by any licensed dentist is doctor-directed treatment and is not DIY orthodontics. All remote clear aligner therapy should be diagnosed and treated by a licensed dentist or orthodontist and must meet the standard of care based on each unique patient’s presentation and needs.

In determining an appropriate statutory and regulatory framework for teleorthodontics, the American Teledentistry Association supports the following industry standards for teleorthodontic treatment:

1. A valid patient–doctor relationship should be established for a professionally responsible teleorthodontic service to take place. A teleorthodontic encounter itself can establish a patient–doctor relationship using either real-time or asynchronous teledentistry when the technology used in the encounter is sufficient to diagnose and appropriate to treat the patient for the condition presented and can meet the standard of care. A dentist practicing teleorthodontics shall verify the identity of the patient seeking care and shall disclose and ensure that the patient has the ability to verify the identity and licensure status of a dentist providing dental services to the patient.

2. The patient must consent to be treated remotely using telehealth technology and the dentist or orthodontist must agree to treat that patient remotely and acknowledges that telehealth technology is appropriate to evaluate, diagnose, and treat the patient based on their unique presentation.

3. Dentists should use their individual professional judgment about whether the use of teleorthodontics is appropriate for a patient. Dentists should not compromise their ethical obligation to deliver clinically appropriate care for the sake of new technology adoption.

4. A systematic review of the best available peer-reviewed scientific literature affirmed that the minimum record set required for orthodontic diagnosis and treatment planning could not be defined. Before a dentist initially diagnoses or treats a patient for a specific illness, disease, or condition, the dentist shall perform an appropriate examination or evaluation. A dentist may perform an examination or evaluation entirely through telehealth if the examination or evaluation can meet the same standard of care as an in-person examination. Treatment may commence without either an in-person examination or a battery of x-rays as long as the dentist exercises sound clinical judgement and adheres to the standard of care for the condition as presented by the patient.

5. Dentists must ensure that their use of teleorthodontics is secure and compliant with Federal and State security and privacy regulations.