
Informed Consent for BiteBots Smile Gen Simulation

Patient Name: _____

Date of Birth: _____

Provider/Practice Name: Todd Curley DDS

1. Purpose of the Technology

The **BiteBots Smile Gen** system is an advanced digital imaging software that uses artificial intelligence to generate a simulated preview of your potential cosmetic or restorative dental results. This simulation is created using digital photographs, scans, and/or X-rays of your face and teeth.

2. Nature of a Simulation (What to Expect)

By signing this form, I understand and acknowledge the following:

- **Educational Tool Only:** The images produced by BiteBots Smile Gen are for **educational and illustrative purposes only**. They are intended to help me visualize potential aesthetic goals.
- **Not a Guaranteed Outcome:** The simulation represents an *idealized concept*. Actual clinical results may vary based on my unique anatomy, bone structure, periodontal (gum) health, and the natural limitations of dental materials.
- **Not a Final Treatment Plan:** The AI-generated image does not constitute a final diagnosis or a guarantee that the exact visualized alignment, shape, or shade is clinically achievable. My dentist will determine the actual, safe clinical treatment plan.

3. Data Privacy and Security

To generate your smile simulation, your dental photos and scans must be processed through the BiteBots Smile Gen platform.

- Your data will be handled in compliance with applicable health privacy laws (such as HIPAA).
- The images will be used strictly for your diagnostic and treatment planning purposes unless additional marketing consent is provided separately.

4. Risks and Limitations

I understand that attempting to match a digital simulation perfectly carries inherent limitations:

- Additional clinical procedures (such as crown lengthening, orthodontics, or gum contouring) not shown in the initial simulation may be required to achieve the desired outcome.
 - Adjustments to the treatment plan may be necessary during the actual procedure to ensure the health and functionality of my bite.
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Patient Acknowledgement and Authorization

I have read and fully understand the information provided above regarding the **BiteBots Smile Gen** simulation. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.

I consent to the taking of clinical photographs and digital scans, and their use within the BiteBots Smile Gen software for the purpose of simulating my dental treatment options.

Patient / Legal Guardian Signature: _____

Date: _____

Witness / Dental Staff Signature: _____

Date: _____