

Supplemental Informed Consent and Health Questionnaire for Orthodontic Treatment in the Era of COVID-19

Thank you for your continued trust in our practice! As with the transmission of any communicable disease like the cold or flu, you may be exposed to SARS-CoV-2, also known as “Coronavirus,” at any time or place. Rest assured that we have always followed the universal precautions to limit the transmission of communicable diseases in our office, and we continue to do so.

Despite our careful attention to sterilization, disinfection, and use of personal barriers, there is still a chance that you could be exposed to an illness in our office (just as you might be exposed at your gym, grocery store, or favorite restaurant). Social distancing nationwide has reduced the transmission of the Coronavirus. Although we have taken measures to provide social distancing in our practice, it is not possible to maintain exact social distancing measures between the patient, orthodontist, orthodontic staff, and other patients at all times.

Although exposure is unlikely, do you accept the risk and consent to treatment?

(Please circle one) Yes No

Have you, your child, or others accompanying you to today’s appointment or other recent acquaintances tested positive for or been diagnosed as having COVID-19 or any other communicable disease within the last 14 days? Yes No

If yes, when: _____

Have you or a household relative experienced any cold or flu like symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, shortness of breath/difficulty breathing persistent pain, pressure, tightness in the chest)? Yes No

Temperature: _____

If the answer is yes to any of the above questions, or if your temperature is found to be higher than 99.9 degrees, the appointment will need to be rescheduled.

Patient’s name (print): _____

Patient/Parent’s Signature: _____

Date: _____