

Patient Wellness Screening Form and Informed Consent

Receiving Orthodontic Treatment During the COVID-19 Pandemic

PLEASE ANSWER "YES" OR "NO" WITH YOUR INITIALS, TO THE FOLLOWING QUESTIONS:

DO YOU HAVE A FEVER?	_____	YES	_____	NO
DO YOU HAVE ANY SHORTNESS OF BREATH?	_____	YES	_____	NO
DO YOU HAVE A DRY COUGH?	_____	YES	_____	NO
DO YOU HAVE A RUNNY NOSE?	_____	YES	_____	NO
DO YOU HAVE A SORE THROAT?	_____	YES	_____	NO
WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED TO ANY FOREIGN COUNTRY?	_____	YES	_____	NO
WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED WITHIN THE UNITED STATES?	_____	YES	_____	NO
HAVE YOU OR ANYONE IN YOUR HOUSEHOLD COME IN CONTACT WITH SOMEONE THAT HAS TESTED POSITIVE FOR COVID-19?	_____	YES	_____	NO

Informed Consent

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as "Coronavirus," at any time or in any place. Be assured that we have always followed state and federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of all diseases in our office and 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 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, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, orthodontist, orthodontic staff and sometimes other patients at all times.

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

Yes _____ No _____

Patient/Parent Name Printed

Patient/Parent's Signature

Date