

SUPPLEMENTAL HEALTH QUESTIONNAIRE AND INFORMED CONSENT

Orthodontic Treatment in the Era of CORONAVIRUS

If you have been exposed to a communicable disease, you may spread the disease to the orthodontist, orthodontic team, or other patients/parents in the practice. Therefore, we are asking the following to reduce the chance of transmission.

Have you, your child or others accompanying you to today's appointment tested positive for coronavirus or any other communicable diseases in the last month?

Yes _____ No _____

If yes, have you completed your quarantine and are you in good health today? Yes _____ No _____

I understand that if the answer to the second questions is no, you will be asked to reschedule your orthodontic appointment until you have completed quarantine and are in good health.

Additionally, I understand that future appointments will be held to the same standards.

Patient/Parent's Signature _____ Date _____

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 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.

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

Yes _____ No _____

Patient/Parent's Signature _____ Date _____

Patient Name _____

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