

## This form must be completed and signed prior to appointment

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### COVID-19 Screening Form

If you have been exposed to a communicable disease, you may spread the disease to the orthodontist, staff, or other patients/parents in the practice. Therefore, prior to each appointment, we will be asking you the following questions.

Do you, your child, or anyone you've recently been in contact with have any of the following symptoms within the last week?

|  |     |    |
|--|-----|----|
| Fever (defined as above 99.6 degrees)?   | Yes | No |
| Cough?   | Yes | No |
| Shortness of breath and/or trouble breathing?  | Yes | No |
| Persistent pain, pressure, or tightness in the chest?  | Yes | No |
| Have you, your child, or anyone you've been in contact with tested positive for<br>Or been diagnosed as having COVID-19? | Yes | No |

If yes, provide approximate dates of illness: \_\_\_\_\_ through \_\_\_\_\_

If the answer to any of these questions is yes, you may be asked to reschedule your orthodontic appointment to a later date.

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### COVID-19 Informed Consent

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 grocery store. "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, staff and sometimes other patients at all times.

|   |     |    |
|---|-----|----|
| Although exposure is unlikely, do you accept the risk and consent to treatment? | Yes | No |
|---|-----|----|

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I am fully authorized to make medical decisions on behalf of the patient.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Parent/Guardian Name (if under 18 years old)

\_\_\_\_\_  
Relation

\_\_\_\_\_  
Patient/Parent/Guardian Signature

\_\_\_\_\_  
Date