



**Informed Consent 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 a cold or the flu, you may be exposed to COVID-19, also known as “Coronavirus,” at this 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, disinfections 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, favorite restaurant or 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, 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 Name

\_\_\_\_\_  
Patient /Parent or Guardian’s Signature

\_\_\_\_\_  
Date

**Please complete the questions below for the patient the day of your appointment**

Yes  No Have you traveled outside the country in the last 14 days?

Yes  No Have you or anyone in your household been in close contact with someone who has been diagnosed with or is under investigation for COVID-19?

Yes  No Do you or anyone in your household have a cough, fever or shortness of breath?

Yes  No Have you taken ibuprofen or acetaminophen in the last 4 hours?

\_\_\_\_\_  
Patient /Parent or Guardian’s Signature

\_\_\_\_\_  
Date

For Office Use Only

Temperature: \_\_\_\_\_

Team Member’s Initials: \_\_\_\_\_