

AAOIC SUPPLEMENTAL 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 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's Signature

Date

Patient Screening Form

AAOIC SUPPLEMENTAL INFORMED CONSENT/QUESTIONNAIRE

Communicable Diseases and Your Orthodontist

With community transmission of communicable diseases, you could be exposed anywhere to infectious diseases including, but not limited to Covid-19 (also called Coronavirus). Our orthodontic office is following the State and Federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of communicable diseases. However, it is possible that these precautions will not always be successful in blocking the transmission of these diseases. Social distancing nationwide has reduced the transmission of Covid-19, however it is not possible to provide orthodontic treatment with social distancing between the patient, orthodontist, orthodontic staff and sometimes, other patients.

By presenting yourself or your child for orthodontic treatment, you assume and accept the risk that you or your child may inadvertently be exposed to a communicable disease.

If you have been exposed to a communicable disease prior to your orthodontic appointment, you may spread the disease to the orthodontist, orthodontic staff and to other patients/parents in the practice. Therefore, prior to each appointment, we require you to answer the following questions:

In the last 14 days, have you traveled outside of the US?	YES	NO
In the last week, have you been on a plane?	YES	NO
In the last 72 hours, have you had any of the following symptoms:		
Fever greater than 99.5°F?	YES	NO
Cough?	YES	NO
Sore throat?	YES	NO
Difficulty breathing?	YES	NO
Respiratory Issues?	YES	NO
In the last 48 hours, have you been in contact with any person diagnosed with the Flu or COVID-19?	YES	NO

If any of you have any of these symptoms/have recently tested positive for COVID-19 or have traveled in the last 14 days, you will be asked to reschedule your orthodontic appointment.

Do you acknowledge and accept the risk of exposure in our orthodontic office to a communicable disease, included but no limited to COVID-19, and consent to treatment?

Patient Name: _____

Signature: _____

Date: _____