AAOIC SUPPLIMENTAL HEALTH QUESTIONNAIRE/CONSENT FORM

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____

If you have been exposed to a commorthodontist, orthodontic staff, or other pat appointment, we will be asking the following	ients/parents in the	e practice. 1	Therefore, prior to each
Have you, your child, or others acco acquaintances tested positive for or been di disease?	. ,		
Yes No	If yes, when?	Date	
Do you, your child, others accompanying you have:	u to today's appoin	tment or ot	ther recent acquaintances
•A Fever (defined as above 99.6 degrees)		Yes	No
•A Cough?		Yes	No
•Shortness of Breath and/or Trouble Breath	Yes	No	
•Persistent Pain, Pressure, or Tightness in the Chest?		Yes	No
Patient/Parent's Signature Date	e		