YOUNG orthodontics

AAOIC SUPPLEMENTAL INFORMED CONSENT
Orthodontic Treatment in the Era of COVID-19

Patient Name_____

Date of Birth ___/____/_____

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 the risk to exposure, do you accept the risk and accept the treatment?

Yes_____ No_____

Patient/Parent Signature _____

Date_____

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AAOIC SUPPLEMENTAL HEALTH QUESTIONNAIRE

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

Have you, your child, or others accompanying you to today's appointment or other recent acquaintances tested positive for or been diagnosed as having COVID-19 or any other communicable disease?

Yes_____ No_____ If yes, when? Date_____

Do you, your child, or others accompanying you to today's appointment or other recent acquaintances have:

•A Fever (defined as above 99.6 degrees) Yes_____ No_____

•A Cough? Yes_____ No_____

•Shortness of Breath and/or Trouble Breathing? Yes_____ No_____

•Persistent Pain, Pressure, or Tightness in the Chest? Yes_____ No_____

I understand that if the answer to any of these questions is yes, I will be asked to reschedule today's orthodontic appointment.

Patient/ Parent Signature _____

Date _____

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CORONAVIRUS PATIENT CONSENT FORM

Our Governor allowed dental offices to re-open for elective treatment with certain safeguards. All patients, dentists and staff (both front and back) will be screened for COVID-19 daily.

The Center of Disease Control identified nine symptoms associated with Coronavirus.

My Temperature at ___ : ___ am/pm is ____ºF. [The dental office will fill in this line.]
You will be asked to leave if your temperature meets or exceeds 100.4 ºF. The CDC considers such a reading to indicate a fever.

Please complete all questions below.

In the past 24 hours:

Cough Yes: ___ No: ___ Muscle pain Yes: ___ No: ___

Sore throat Yes: ___ No: ___ Shortness of breath or difficulty breathing Yes: ___ No: ___

Chills Yes: ___ No: ___ Repeated shaking with chills Yes: ___ No: ___

Headache Yes: ___ No: ___ Loss of taste or smell Yes: ___ No: ___

As of this morning, none of our doctors or staff exhibit any Coronavirus symptoms (using the same screening as above); however, we have NOT BEEN MEDICALLY TESTED for COVID-19 and cannot guarantee that either we or our other patients are Coronavirus-free. For your safety, our office has increased hygiene measures since the outbreak.

Given this knowledge, and knowing that I possibly could contract COVID-19 at this office (through the doctors, staff, or from other patients, and despite the office's best intentions), I nevertheless voluntarily wish to continue with my elective dental treatment and hold the doctor and staff harmless should I come down with Coronavirus.

I have read this page and the content in full and have no questions.

Dated this __ day of _____, 2020

_____
Patient Signature

_____
Temperature taken by (signature)