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, orthodontic, 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:

Have you, your child, or others accompanying you to today's appointment been tested positive for or been diagnosed as having Covid-19?

having Covid-19?		•	
	Yes	No	
If so, when?	Date		
Do you, your child, or others accompanying you	ı to today's appointment have	э :	
A Fever?	Yes	_ No	
A Cough?Shortness of Breath and/or	Yes		
Trouble Breathing? • Persistent pain, pressure or	Yes	No	
Tightness in the chest?	Yes		
If any of you have any of these symptoms or have reschedule your orthodontic appointment.	ve recently tested positive for	or been diagnosed with	Covid-19, you will be asked to
Do you acknowledge and accept the risk of expo Covid-19, and consent to treatment?	osure in our orthodontic office	to a communicable dise	ease, included but not limited to
	Yes	No	
Patient/Parent's Signature Date	te		

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