

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:

1. Have you, your child or anyone in your household tested positive for or been diagnosed with Covid-19?

YES NO If so, when? Date _____

2. Have you or anyone in your household traveled in the last 2 weeks?

YES NO

3. Do you: your child or or anyone in your household have:

- | | | |
|--|-----|----|
| <input type="radio"/> A Fever? | YES | NO |
| <input type="radio"/> A Cough? | YES | NO |
| <input type="radio"/> A Shortness of Breath and/or Trouble Breathing? | YES | NO |
| <input type="radio"/> Persistent pain, pressure or Tightness in the chest? | YES | NO |

4. Do you acknowledge and accept the risk of exposure in our orthodontic office to a communicable disease, included but not limited to Covid-19 and consent to treatment?

YES NO

If any of you have any of these symptoms, or have recently traveled, or have recently tested positive for or been diagnosed with Covid-19 (and have not quarantined for appropriate time period) you will be asked to reschedule your orthodontic appointment.

Patient Name (please print) _____

DATE:

Patient/Parent's Signature _____

Email _____

Phone Number _____

***** OFFICE USE ONLY *****

Patient temp: _____

Parent/Guardian temp if entering building

staff member initial: