

## AAOIC SUPPLEMENTAL INFORMED CONSENT

# Orthodontic Treatment in the Era of Covid-19

Thank you for your 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 the “Coronavirus,” at any time or in any place. Be assured that we have always followed state & federal regulations & recommended universal personal protection & disinfection protocols to limit transmission of all diseases in our office & continue to do so.

Despite our careful attention to sterilization, disinfection, & 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 & sometimes other patients at all times.

**Although exposure is unlikely, do you accept the risk & consent to treatment?**

YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_ **I confirm that myself or my child are not presenting any of the following symptoms of COVID-19 in the past 14 days:**

- Fever
- Shortness of breath
  - Dry Cough
  - Runny nose
  - Sore Throat

\_\_\_\_ I verify that I and/or my child have not traveled outside of the United States in the past 14 days to countries that have been affected by COVID-19.

\_\_\_\_ I verify that I and/or my child have not traveled domestically within the United States within the past 14 days.

\_\_\_\_ I verify that I and/or my child have not knowingly been exposed to anyone who has or is suspected to have COVID-19.

\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Parent Signature

\_\_\_\_\_  
Relation to Patient