## SUPPLEMENTAL HEALTH QUESTIONNAIRE

## Orthodontic Treatment in the Era of COVID-19

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:

Do you, your child, others accompanying you to today's appointment or anyone you have recently been in contact with have any of the following symptoms?			
Fever (defined as above 99.6 degrees)? Cough? Shortness of breath and/or trouble breat Persistent pain, pressure, or tightness in		Yes No Yes No Yes No Yes No	
Have you, your child, others accompanyin recently been in contact with tested positions of the communicable disease?	tive for or been diagnos	sed as having COVID-19 or Yes No	
If yes provide approximate dates of illnessthroughsymptom start datesymptom end datesymptom start datesymptom end datesymptom end datesymptom end date			
Patient Name			
Parent/Guardian Name (if applicable)		Relation	
Patient/Parent/Guardian Signature		Date	



## 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 th	ne risk and consent to treatment
☐ Yes	□ No	
Patient Nan	ne	
Parent/Guar	rdian Name (if applicable)	Relation
Patient/Pare	ent/Guardian Signature	Date

