

Orthodontic Treatment in the Era of COVID-19 (Patient Advisory & Acknowledgement)

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 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.

If the patient or a household member or an individual who will be present at appointment **currently or in the past 14 days** can answer yes to any statements below the appointment will need to be rescheduled by phone (please do not enter the office). For your safety, as well as the safety of our team, other patients, their families and your family please be truthful and candid in your answers.

In the past 14 days has the patient or a household member or an individual who will be present at appointment:

- Had/has COVID-19
- Had direct exposure (unmasked and within 6 feet for greater than 10 minutes) to someone who has COVID-19, is awaiting COVID-19 test results or is self-isolating due to potential exposure
- Had/has been advised to self-isolate due to potential exposure
- Awaiting COVID-19 test results
- A temperature greater than 99.6
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Muscle pain
- Severe headache
- Sore throat
- Abdominal pain
- Diarrhea
- Vomiting
- Fatigue
- New loss of taste or smell
- Attended gathering of 20 or more in which social distancing was not in place (unmasked and within 6 feet of others for greater than 10 minutes)

To enter the office, you must have answered no to all statements above. When entering the office please have a mask on, use hand sanitizer (on entry and exit), be ready to have your temperature taken and maintain social distancing. Tooth brushing/flossing stations are closed. Masks must cover the mouth and nose. Masks are only to be removed when dental/orthodontic care is being provided. No food or drink is permitted in the office. We strongly suggest any individual in the clinical area wear protective eye wear (we can provide).

Please remember if patient or household member are considered vulnerable (65 or over, have underlying health condition(s) including but not limited to heart disease, lung disease, asthma, COPD, chronic kidney disease, obesity, hypertension, diabetes, history of stroke, any auto-immune disorders or taking immunosuppressants) we are recommending that you consult your physician and/or consider postponing orthodontic treatment until Florida is in Phase III of re-opening.

Although exposure is unlikely by entering the office you accept the risk and consent to treatment.

Patient Name (Printed)

Patient/Responsible Party Signature