

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 undertaken measures to accommodate social distancing in our practice, due to the nature of the procedures we provide, it is not possible at all times to maintain social distancing between the patient, the orthodontist, the orthodontic staff and on occasion, among patients.

By checking “Yes” below, I am hereby acknowledging that I understand that by receiving treatment in your office there is a risk of exposure to the Coronavirus; I have consider that risk of exposure to the Coronavirus and, after careful deliberation, I hereby accept that risk and I hereby consent to treatment in your office.

By checking “No” below, I do not consent to receiving treatment in your office and I understand that absent my consent, you will not provide me with treatment in your office.

Yes No

Patient/Parent’s Signature

Date