

 COVID-19 PANDEMIC - PATIENT DISCLOSURES

This patient disclosure form seeks information from you that we must consider before making treatment decisions in the circumstance of the COVID-19 Virus.

A weak or compromised immune system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, any prior or current disease or medical condition), can put you at a greater risk, for contracting COVID-19. Please disclose to us any condition that compromises your immune system understand that we may ask you to consider rescheduling treatment after discussing any such conditions with us.

It is also important that you disclose to this office any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with COVID-19 virus.

 1) Do you have a dry cough, sore throat, or runny nose? 

2) Do you have a fever or above normal temperature? 

3) Have you recently lost or had a reduction in your sense of smell? 

4) Have you experienced shortness of breath or had trouble breathing? 

5) Have you tested positive for Covid-19 in the last 14 days? 

6)Have you been in contact with someone who has tested positive for COVID-19? 

7) Have you been tested for COVID-19 and are awaiting for results? 

8)Have you traveled outside the United States by air or cruise ship in the past 14 days? 

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 transmit 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" 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 the risk and consent to treatment?*** 

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed to my provider any conditions in my health history which may result in a compromise

immune system

By signing this document, I acknowledge that the answers I have provided above are true and accurate.

Patient’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient/Legal Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_