

COVID-19 Patient Screening and Treatment Consent Form

Due to the COVID-19 global pandemic, we ask that you complete this form prior to arriving at our office and bring with you to your appointment.

**We will not be able to accommodate your appointment without having this form signed by a patient or parent or guardian (for minors).**

In order to safeguard everyone visiting our dental office, we ask that you follow our new office procedures:

\_\_\_ **Take your temperature** before your appointment. Reschedule your appt if temp is (99F or above)

\_\_\_ **Brush your teeth** at home before your appointment.

\_\_\_ Call **(301-424-0136)** upon arrival and provide your contact number. **Wait in the car.** We will call you when we are ready to see you.

\_\_\_ **Wear facial covering** to enter our office. Gloves or disposable napkins are also recommended to avoid touching high traffic areas with bare hands.

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If you are experiencing any symptoms related to COVID-19 or been exposed to someone on quarantine for COVID-19 during the last 14 days, we ask that you reschedule your appointment.

\_\_\_ I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. Given the current limits in virus testing, it is impossible to determine who has it and who does not have COVID-19.

\_\_\_ I confirm that I have not been exposed to anyone with COVID-19 or on quarantine for COVID-19.

\_\_\_ I confirm that I am not presenting any of the following symptoms of COVID-19 in the last two weeks: fever (99F or above), fatigue, shortness of breath, cough, muscle pain, sore throat.

\_\_\_ I confirm that I have not traveled outside the U.S. during the past 14 days by commercial airline, bus or train.

I understand the above and knowingly and willingly consent to having orthodontic treatment at Falls Grove Orthodontic Center.

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

Signature of Patient or Parent/Guardian, if minor \_\_\_\_\_

Date \_\_\_\_\_