

General Orthodontic Treatment Consent Form

COVID-19 Pandemic

1. I knowingly and willingly consent to orthodontic treatment by Dr. Richards and any designated associates and employees during the COVID-19 pandemic.
2. I understand that Dr. Richards is following CDC guidelines as far as treatment protocols and infection control.
3. I am unaware of being a possible carrier or infected: I confirm that I have not tested positive for COVID-19 in the last 30 days and that I am not presenting with any of the following symptoms of COVID-19:
 - A. Fever of 100.5 degrees F. or 37 degrees C. or higher
 - B. Shortness of breath
 - C. Dry Cough
 - D. Runny Nose
 - E. Sore throat
 - F. Diminished sense of taste and smell
4. Contact with infected: I confirm that I have not knowingly been in close contact defined as 6 feet or less for a duration of fifteen minutes or more with someone who has tested positive for the COVID-19 in the last 14 days, or with anyone that has had the above stated symptoms in the last 14 days.
5. Public travel: I confirm that I have not traveled outside of the United States in the past 14 days. I confirm that I have not traveled domestically by commercial airline, bus, or train within the last 14 days.
6. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms yet are still highly contagious. It is impossible to determine who has it and who does not given the current limitations and availability in COVID-19 viral testing. I understand that numerous orthodontic procedures create water spray which is one way the disease is spread. The ultra-fine nature of the spray can linger in the air for hours, which can transmit the COVID-19 virus.
7. Risk of transmission: I understand that due to the frequency of visits of other orthodontic patients, characteristics of the virus, and the characteristics of orthodontic procedures, that I may have an elevated risk of contracting the virus simply by being in a orthodontic office, even though CDC and Utah Department of Health guidelines are being observed.
8. **INFORMED CONSENT:** I have been given the opportunity to ask any questions regarding the risks of contracting COVID-19 from the orthodontic office and orthodontic procedures. I reaffirm that I am not a carrier of COVID-19 nor infected with COVID-19 to the best of my knowledge. I do voluntarily assume any and all reasonable medical/dental risks, including the substantial and significant risk of serious harm, if any, which may be associated with any phase of my treatment as a result of COVID-19 pandemic. I acknowledge that the nature and purpose of the orthodontic procedures recommended have been explained to me if necessary and I have been given the opportunity to ask questions.

Patient's Name (print)

Signature of patient, legal guardian or authorized representative

date

Patient temperature _____

Responsible Party temperature _____

