

# PATIENT ADVISORY & ACKNOWLEDGEMENT

## RECEIVING ORTHODONTIC TREATMENT DURING THE COVID-19 PANDEMIC

Dear Patient:

You have come to our office today for orthodontic evaluation and/or treatment that will be done during the COVID-19 pandemic. Please be advised of the following:

While our office complies with State Health Department and the Centers for Disease Control & Prevention control guidelines to control the spread of COVID-19 virus, we cannot make any guarantees.

Our staff are symptom-free and to the best of their knowledge have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge.

In order to reduce the risk of spreading COVID-19, we are asking a number of "screening" questions below for the safety of our staff, other patients, and yourself.

Please answer the following questions truthfully and candidly:		
Have you been exposed to any individuals that have COVID-19?	YES	NO
Are you currently awaiting the results of a COVID-19 test?	YES	NO
Do you have a fever?	YES	NO
Do you have any shortness of breath?	YES	NO
Do you have a dry cough?	YES	NO
Do you have a runny nose?	YES	NO
Do you have a sore throat?	YES	NO
So you have sneezing, watery eyes, and/or sinus pressure that is unusual and not related to seasonal allergies?	YES	NO
Have you experienced headaches, fatigue, or weakness?	YES	NO
Have you lost your sense of taste and smell?	YES	NO
Have you travelled to any foreign country within the last 14 days?	YES	NO
Have you travelled within the United States within the last 14 days?	YES	NO
If so, where?		

\_\_\_\_\_  
Patient/Responsible Party

\_\_\_\_\_  
Date

ALEX COLALILLO, JR. DDS, MSD • SPECIALIST IN ORTHODONTICS, LICENSE #3298