

SUPPLEMENTAL INFORMED CONSENT

Orthodontic and Pediatric Dental 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 person 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 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, dentist, staff, and sometimes other patients at all times. By signing this form, you understand and accept these risks and consent to treatment.

Patient Name

Parent/Guardian Name (if applicable)

Relationship

Patient/Parent/Guardian Signature

Date