

Covid-19 Patient Pandemic Orthodontic Treatment Consent Form

Please **bring this form** with you. **Text 403 813-7330** when you arrive. We will text to tell you to come up.
We reserve the right to refuse treatment if you or your child has symptoms.

Patient Name _____

I understand that COVID-19 has a long incubation period during which carriers may be contagious. _____(check)

I understand that any aerosol associated with treatment is a major way the virus may spread. _____(check)

I understand that due to the frequency of other orthodontic patient's visits, there is an elevated risk simply by being at an orthodontic office. _____(check)

I understand that Alberta Health has asked individuals to maintain distancing of 2m and that it is not possible to maintain that distance during orthodontic procedures. _____(check)

I confirm that I and my child are **NOT** presenting any of the following symptoms of COVID-19 as identified by Alberta Health:

No new cough or worsening cough _____(check)

No sore throat or painful swelling _____(check)

No new or worsening shortness of breath _____(check)

No recent loss of smell or taste _____(check)

No difficulty breathing _____(check)

No nausea, vomiting, diarrhea _____(check)

No runny nose _____(check)

I confirm that I am **not** currently positive for COVID-19. _____(check)

I confirm that I am **not** currently waiting for symptomatic results of a lab test for COVID-19. _____(check)

I verify that I have **not** returned from outside Canada in the past two weeks. _____(check)

I verify that my place of work is **not** high risk (check if appropriate PPE is used). _____(check)

I verify that I have **not** been in contact with anyone who has tested positive for COVID-19 or who has been asked to isolate. _____(check)

I verify that the information I have provided on this form is **truthful and accurate**. I knowingly and willingly consent to have my orthodontic treatment during the COVID-19 pandemic.

_____(PATIENT/PARENT/GUARDIAN SIGNATURE)

_____(Printed Name) Date ____ (d) ____ (m) ____ (y)