

## **COVID-19 Patient Consent for Care Form**

Each patient (or guardian) MUST READ and complete the form below, prior to your appointment in our clinic.

### **Supplemental Informed Consent for Orthodontic 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 provincial regulations and recommended universal personal 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 clinic, just as you might be at you’re gym, grocery store or favorite restaurant.

“Social Distancing” has reduced the transmission of the Coronavirus. Although we have taken measures to provide distancing within our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, orthodontist, orthodontic staff and sometimes other patients at all times.

### **Although exposure is unlikely, do you accept the risk and consent to treatment?**

Yes/No

First Name of Responsible Party \_\_\_\_\_

Last Name of Responsible Party \_\_\_\_\_

Patient Name (if different from above) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_