



SUPPLEMENTAL INFORMED CONSENT

Orthodontic Treatment During the COVID-19 Pandemic

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 and will continue to follow State and Federal regulations and recommended universal personal protection and disinfection protocols to limit the transmission of diseases in our office. 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.

We have taken measures to provide “social distancing” in our practice, however, 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.

If you have questions or concerns regarding the information above, please let us know.

Please sign below to acknowledge your risk and consent to treatment.

Patient Name

Patient / Parent Signature

Date