NALIN | ORTHODONTICS

Wellness Screening & Treatment Consent

To our orthodontic family and friends: thank you for your support and patience in the past weeks as our office has been closed in compliance with our Governor's directives during the peak of the COVID-19 pandemic. We are very much looking forward to resuming orthodontic care in the safest possible way for both patients and staff. Part of that initiative includes the attached Wellness Screening and Treatment Consent that we request is returned prior to EACH APPOINTMENT. Please call or email the office if you have any questions, and we will see you soon!

Treatment Consent: Please be assured that our office has always met or exceeded the requirements set forth for sterilization and infection control from the CDC and OSHA, and will continue to do so. However, it is possible to contract COVID-19 infection (or any other communicable disease) in any public space. Our office will provide for socially distant appointment scheduling, and has added a number of new technologies and techniques to the practice to enhance our level of safety. However, due to the nature of orthodontic treatment, a 6-foot distance is not possible between the orthodontic patient and clinical staff/doctor. Re-entering public life comes with some risks that we all must weigh, but we also want you to feel confident that our office is taking every step to keep our patients and staff safe during this difficult time. Clicking "yes" below indicates that the risks involved are accepted, and that consent is given for treatment to be provided by the office of Andrew M. Nalin, DDS, PS.

☐ Yes, I understand and consent to orthodontic treatment for myself or my child

_____ _____

Patient/Parent's Signature Date

_____

Patient's Name

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AAOIC SUPPLEMENTAL HEALTH QUESTIONNAIRE

If you have been exposed to a communicable disease, you may spread the disease to the orthodontist, orthodontic staff, or other patients/parents in the practice. Therefore, prior to each appointment, we will be asking the following questions to reduce the chances of transmission:

Have you, your child, or others accompanying you to today's appointment or other recent acquaintances tested positive for or been diagnosed as having COVID-19 or any other communicable disease?

Yes_____ No_____

If yes, when? Date_____

Do you, your child, or others accompanying you to today's appointment or other recent acquaintances have:

•A Fever (defined as above 99.6 degrees) Yes_____ No_____

•A Cough? Yes_____ No_____

•Shortness of Breath and/or Trouble Breathing? Yes_____ No_____

•Persistent Pain, Pressure, or Tightness in the Chest? Yes_____ No_____

I understand that if the answer to any of these questions is yes, I will be asked to reschedule today's orthodontic appointment.

_____ _____

Patient/Parent's Signature Date

_____

Patient Name