

# WE ARE EXCITED TO SEE YOUR SMILE



*We care about your health & wellness and want to make your experience as safe & easy as possible.*



**We have followed CDC, Dental Association, and OSHA guidelines for COVID-19 precautions.**



**If you or anyone in the household is sick, please call to reschedule your appointment.**



**Your vehicle is your NEW waiting area.**

Simply call us or check-in with our greeter when you arrive. Please arrive on time for your appointment. You may be asked to reschedule should you arrive too late for your appointment.



**Please wear a mask to your appointment.**

We request that only patients enter unless a guardian is needed. We will get a quick temperature check at the door.



**Please brush your teeth thoroughly at home before your appointment. Our brushing station is closed.**

It can be used for hand washing before your appointment.



**We are going more digital!**

All forms, agreements, and payments may be completed online prior to your visit. Some appointments can even be done virtually. Look for an e-mail and/or text message from our team for more information.

**COVID-19 Pandemic Orthodontic Treatment**  
**NOTICE AND ACKNOWLEDGEMENT OF RISK FORM**

Our goal is to provide a safe environment for our patients and staff, and to advance the safety of our local community. This document provides information we ask you to acknowledge and understand regarding the COVID-19 virus.

The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. Our practice wants to ensure you are aware of the additional risks of contracting COVID-19 associated with orthodontic care.

The COVID-19 virus has a long incubation period. You or your healthcare providers may have the virus and not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated due to limited availability for virus testing.

Due to the frequency and timing of visits by other orthodontic patients, the characteristics of the virus, and the characteristics of orthodontic procedures, there is an elevated risk of you contracting the virus simply by being in an orthodontic office.

You cannot wear a protective mask over your mouth to prevent infection during treatment as your health care providers need access to your mouth to render care. This leaves you vulnerable to COVID-19 transmission while receiving orthodontic treatment.

I confirm that I have read the Notice above and understand and accept that there is an increased risk of contracting the COVID-19 virus in the orthodontic office or with dental treatment. I understand and accept the risk of contracting COVID-19 from contact at this office. I also acknowledge that I could contract the COVID-19 virus from outside this office and unrelated to my visit here.

I understand the responsibility of informing Dominion Orthodontics staff immediately should I or an immediate family member contract COVID-19.

I have read and understand the information stated above:

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature:Self or Guardian if minor

\_\_\_\_\_  
Date

# Dominion Orthodontics

## PATIENT COVID-19 SCREENING FORM

**Patient Name:**

|   | Notes | Date   |
|---|-------|--|
| Do you have a fever or felt hot or feverish recently (past 14-21 days)?   |       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you having shortness of breath or other difficulties breathing?   |       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a cough?  |       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any other flu-like symptoms (headache, gastrointestinal upset, fatigue)?  |       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had recent loss of taste or smell?   |       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you tested positive or been tested and awaiting results for COVID-19?  |       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you in contact with any confirmed COVID-19 positive patients?<br>(Patients who are well but living with positive COVID-19 household members should postpone their appointment). |       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you traveled to any regions affected by COVID-19 in the past 14 days?  |       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you diagnosed with heart disease, lung disease, kidney disease, diabetes, or auto-immune disorder?  |       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you over the age of 60?   |       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Positive responses to any of these would likely indicate a deeper discussion with our doctor.**