



Dear patient/parent/responsible party:

Patient name:

You have come to our office today for orthodontic evaluation and/or treatment that will be performed during the COVID-19 pandemic. Please be advised of the following:

- While our office complies with both State Health Department and the Centers for Disease Control infection control guidelines to prevent the spread of COVID-19 virus, we cannot guarantee zero risk of transmission. We have implemented many new protocols to further protect our patients and our team.
- 2. Our team is symptom-free and, to the best of our knowledge, has not been exposed to the virus. However, we are a place of public accommodation and other persons or patients could be infected (with or without their knowledge), as could you.

In order to reduce the risk of spreading COVID-19, we are screening patients with the questions below. For the safety of our George Orthodontics family, please be truthful in your responses.

ADA Patient Screening Form

Date:

	Yes	No
Does the patient have a fever or felt feverishly for 14-21 days?		
Is the patient having shortness of breath or difficulty breathing?		
Does the patient have a cough?		
Does the patient have any other flu-like symptoms, such as		
gastrointestinal upset, headache or fatigue?		
Has the patient experienced recent loss of taste or smell?		
Has the patient tested positive or is the patient in contact with any		
confirmed COVID-19 positive patients?		
Is the patient over 60?		
Does the patient have heart disease, lung disease, kidney disease,		
diabetes, or any auto-immune disorders?		
Has the patient traveled in the past 14 days to any regions affected by		
COVID-19?		

I acknowledge the risks associated with being in a public setting during the COVID-19 pandemic. The answers above are truthful and accurate to the best of my knowledge.

Patient/Parent/Responsible	Party Signature	

^{*}If you answer YES to any of these questions, additional screening measures will be taken.