



BUTTERFLY

ORTHODONTICS

Health Questionnaire and Treatment in era of Covid-19

1. 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 _____

2. Do you, your child, or others accompanying you to today's appointment or other recent acquaintances have a fever (100.4^F+ temperatures), cough, shortness of breath, trouble breathing, or chest pain/pressure/tightness?

Yes No

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 where you are in close proximity to others. Despite our careful attention to universal precautions, sterilization, disinfection, and use of personal barriers, there is still a chance that you could be exposed to an illness in our office such as cold, flu, or COVID-19. Due to the nature of the procedures we provide, it is not possible to maintain 6 feet social distancing between the patients, orthodontist, orthodontic staff and sometimes other patients at all times.

3. This type of exposure (cold/flu/COVID-19) is therefore possible; do you accept the risk and consent to treatment?

Yes

Patient name (printed)

Patient/Parent's Signature

Date

If you have answered yes to questions 1 & 2 or no to question 3, we will be happy to reschedule your appointment to a later date

Infrared Thermometer Temp _____
Below 100.4^F