

Patient Informed Consent

Orthodontic Treatment in the Era of COVID-19

For Patient (Name): _____

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 followed provincial and federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of all diseases in our office and continue to do so.

Despite our careful attention to sterilization, disinfection, use of personal barriers, and isolated treatment areas, there is still a chance that you could be exposed to an illness in our office. “Physical Distancing” has reduced the transmission of the Coronavirus. Although we have taken measures to provide physical distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain physical distancing between the patient, orthodontist, orthodontic staff and sometimes other patients at all times.

Please read and acknowledge by your initial or signature in all areas indicated and email to info@bracedinbc.com.

	Parent/guardian	Patient
I understand the novel coronavirus causes the disease known as COVID-19 and that it is currently a pandemic. I understand the novel coronavirus has a long incubation period during which carriers of the virus <i>may not show symptoms and still be contagious</i> . For this reason, it is recommended to stay home and avoid close contact with other people when at all possible.	(Initials)	
I understand that it is possible that dental cleanings can create water and/or blood spray, which may be one way that the novel coronavirus can spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which may transmit the novel coronavirus.	(Initials)	
I understand the federal and provincial governments have asked individuals to maintain physical distancing of a least 2 metres (6 feet) and I recognize it is not possible to maintain this distance while receiving orthodontic treatment .	(Initials)	

Although exposure is unlikely, do you accept the risk and knowingly and willingly consent to have orthodontic treatment for yourself or your child completed during the COVID-19 pandemic?

Yes No

Signature of patient: _____ Date: _____

Signature of parent / guardian: _____ Date: _____