



COVID-19 Screening Questions

Orthodontic Treatment in the Era of COVID-19

If you have been exposed to a communicable disease, you may spread the disease to other patients or to staff members. Therefore, we are required to screen all of our patients prior to each appointment to reduce the chances of transmission.

1. Do you currently have a fever, cough, sore throat, difficulty breathing, muscle soreness, chills, runny nose, or loss of taste and smell?
 Yes No
2. Have you had a fever, cough, sore throat, difficulty breathing, muscle soreness, chills, runny nose, or loss of taste and smell in the last 14 days?
 Yes No
3. Have you had contact with anyone who has COVID-19 in the last 14 days?
 Yes No
4. Have you traveled to any COVID-19 hot spots in the last 14 days?
 Yes No
5. Have you been on a cruise ship in the last 14 days?
 Yes No

I understand that if the answer to any of these questions is yes, I may be asked to reschedule the appointment.

Patient/Parent's Signature

Date