

**Supplemental Orthodontic Treatment Consent Form  
COVID -19 Pandemic**

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 anytime or any place. Be assured that we have always followed state 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 and use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be at your gym, grocery store, or favorite restaurant. “Social Distancing” nationwide has reduced the transmission of the Coronavirus. Although we have taken measures to provide social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, orthodontist, orthodontic staff, and sometimes other patients at all times.

1. I knowingly and willingly consent to orthodontic treatment at BELLON ORTHODONTICS by Dr. Bellon. And any designated associates and employees during the reopening phase of COVID-19.
2. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms yet are still highly contagious. It is impossible to determine who has COVID-19 and who does not given the current limitations and availability in COVID-19 viral testing.
3. Risk of transmission: I understand that due to the frequency of visits for orthodontic patients, characteristics of the virus, and the characteristics of orthodontic procedures, that I have an elevated risk of contracting the virus simply by being in a orthodontic office, even though standard precautions are being observed.

**INFORMED CONSENT:** I have been given the opportunity to ask any questions regarding the risks of contracting COVID-19 from the orthodontic office and orthodontic procedures. I reaffirm that I am not a carrier of COVID-19 nor infected with COVID-19 to the best of my knowledge. I do voluntarily assume any and all reasonable medical and dental risk, including the substantial and significant risk of serious harm, if any, which may be associated with any phase of my treatment as a result of the COVID-19 pandemic. I acknowledge that the nature and purpose of the orthodontic procedures recommended under the current circumstances and restrictions have been explained to me and I have been given the opportunity to ask questions.

Patients Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of patient, legal guardian, or authorized representative: \_\_\_\_\_

Witness: \_\_\_\_\_