

To our patients and their families,

We hope this letter finds you and your family in good health. The last several months have been trying and all of us are certainly looking forward to resuming our normal schedules as soon as we can. Although many things have changed, infection control has been and will continue to be of the highest priority for Mentz Orthodontics.

1. An updated informed consent will need to be signed before the first appointment. Several screening questions will need to be reviewed. They are included for your review. Both forms will also be on our website.
2. Anyone entering for an appointment will need to wear a mask. Please bring one from home that you wear when you go to the store. We currently follow the American Association of Orthodontics (AOA) recommendations based on present CDC and OSHA guidelines.
3. Your temperature may be taken upon arrival. If you are experiencing any respiratory problems or your temperature exceeds 100.4 degrees F (38 degrees C), the appointment will need to be postponed. If you have not been vaccinated and were in close contact with a COVID positive person (no mask and within 6 feet for longer than 15 minutes), we ask that you isolate for 7 days. If you have been vaccinated, then you should self monitor for the next 7 days.
4. If a parent wishes to come in, they will be asked to follow the same protocol.
5. Please be aware that appointment times may be more limited as we allow for social distancing and enhanced infection control procedures.

We greatly appreciate everyone's patience and understanding and we thank you for your continued support. If you have ANY questions or concerns, please contact us.

Dr. Mentz and Staff

SUPPLEMENTAL HEALTH QUESTIONNAIRE

Patient's name: _____

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 _____

Do you, your child, or others accompanying you to today's appointment have:

A fever (greater than 100.4 degrees)? Yes _____ No _____

A cough? Yes _____ No _____

Shortness of breath and/or trouble breathing? Yes _____ No _____

Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?

Yes _____ No _____

Experienced recent loss of taste or smell?

Yes _____ No _____

Patient/Parent's Signature

Date

SUPPLEMENTAL INFORMED CONSENT
Orthodontic Treatment in the Era of COVID-19

Patient's 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 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.

Although exposure is unlikely, do you accept the risk and consent to treatment?

Yes _____ No _____

Patient/Parent's Signature

Date