INFORMED CONSENT FOR ORTHODONTIC TREATMENT IN THE ERA OF COVID-19 DR. H. DIXON TAYLOR

Thank you for your continued trust in our practice. Be assured that we have always followed state and federal regulations and guidelines by wearing proper personal protective equipment and disinfection protocols to limit transmissions of diseases in our office and continue to do so. Dr. H. Dixon Taylor's office has always ensured patient safety by meeting and exceeding the CDC guidelines for infection control in a dental office.

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 any place. Although we have taken measures to practice social distancing in our office it is not always possible due to the nature of procedures performed. Social distancing between patients, Dr. H. Dixon Taylor, Orthodontic staff, and sometimes other patients, will not be possible at all times.

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

 \Box Yes \Box No

Please sign and date below to acknowledge you have read this policy.

Patient Name

Patient/Parent Signature

Date