

Preparing for Your Orthodontic Appointment

We are excited to see you soon and want to make the most of your upcoming appointment. Please take time to read and do the following:

At Home:

1. **Check** for any broken brackets, poking wires, etc. If you have broken appliances, **call us** so we can schedule your appointment appropriately. Repairing or replacing broken brackets creates aerosols and requires special PPE which is in limited supply.
2. **Before leaving your house**, please brush your teeth very well, floss, and use mouthwash. If you can see food debris or plaque, please repeat brushing, flossing, rinsing. If food debris is visible to us, we may need to reschedule your appointment. Use your bathroom, ours will have limited availability. Bring your facemask that you will wear entering and exiting the office.
3. Think about **questions** you wish to discuss with us and write them below to bring to appointment.

When You Arrive in the Parking Lot, PLEASE TEXT 734-429-7676

Your text will be answered by our patient greeter, who will instruct you.

We ask all who enter the building to wear a facemask and bring their completed forms.

New Patients, Recall Observation Patient or Patient Scheduled for Diagnostic Records

We ask that you enter the building through the **LOBBY ENTRANCE**- the center door-watch for the signs. We respectfully ask the patient to be accompanied by one parent/guardian only and bring your completed forms.

Patients currently undergoing treatment or starting treatment are asked to bring your completed forms and Enter the Building through the **CLINIC ENTRANCE** to the right of the lobby door - watch for signs. Parents are asked to wait in their car. Patients will have their temperature read and forms reviewed. Patients will be seated more than 6 feet apart in the clinic. We will complete an Appointment Update for your child's visit to let you know how they are progressing, answer any questions you included and we will schedule their next appointment.

QUESTIONS YOU WOULD LIKE DR. KELLY or DR. PERRY TO ANSWER TODAY:

NEXT APPOINTMENT OPTIONS – PLEASE CIRCLE WHAT DAYS AND TIME WORKS BEST:

M: AM PM

T: AM PM

W: AM PM

Th: AM PM

Office Hours: Monday, Tuesday, Wednesday, and Thursday with Appointments 8:15-4:30 pm

Office Phone to Leave Voicemail for Appointments, Insurance, or related questions: 734-429-7676

Number to Text When You Arrive in Parking Lot for Appointment: 734-429-7676

Dr. Kelly's Cell Number for after hour concerns: 734-846-7135



SUPPLEMENTAL HEALTH QUESTIONNAIRE and INFORMED CONSENT

Thank you for your continued trust in our practice. At Kelly Orthodontics we are working tirelessly to ensure that you and your family are cared for in the safest environment possible. To protect you, our family of patients, and our team, we ask that you complete this screening questionnaire prior to each appointment. Completing this form will help us determine if you have been exposed to a communicable disease and help us prevent the spread of any disease to the orthodontist, orthodontic staff, and other patients/parents in the practice.

PATIENT 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, any household members, or others accompanying you to today's appointment or other recent acquaintances have:

A Fever (defined as above 99.6 degrees) Yes____ No____

A Persistent Cough Yes____ No____

Shortness of Breath and/or Trouble Breathing? Yes____ No____

Persistent Pain, Pressure, or Tightness in the Chest? Yes____ No____

HAS THE PATIENT TRAVELLED OUTSIDE THE STATE OF WITHIN 14 DAYS OF THIS APPOINTMENT?
____ NO ____ YES- WHERE? _____

IF YOU HAVE RECENTLY TRAVELLED TO AN AREA WITH INCREASING COVID-19 CASES-
WE RESERVE THE RIGHT TO RESCHEDULE/ POSTPONE YOUR APPOINTMENT

I understand that if the answer to any of these questions is yes, I will be asked to reschedule today's orthodontic appointment.

Patient/Parent's Signature Date

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. We are so happy to have you as our patient and we care deeply about your health and wellbeing.

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