



WILLIAM F. MARSH, D.D.S., P.A.

PRACTICE LIMITED TO ORTHODONTICS

4119 NORTH TALIAFERRO AVENUE
TAMPA, FLORIDA 33603-4335
(813) 23-TEETH
FAX (813) 237-0403
www.marshsmiles.com

SUPPLEMENTAL HEALTH QUESTIONNAIRE

Orthodontic Treatment in the Era of COVID-19

If you have been exposed to a communicable disease, you may spread the disease to the orthodontist, orthodontic staff, or other patients/parents in the practice. Therefore, prior to each appointment, we will be asking the following questions to reduce the chances of transmission:

Do you, your child, others accompanying you to today's appointment or anyone you have recently been in contact with have any of the following symptoms?

- Fever (defined as above 99.6 degrees)?
Cough?
Shortness of breath and/or trouble breathing?
Persistent pain, pressure, or tightness in the chest?
Yes/No checkboxes

Have you, your child, others accompanying you to today's appointment or anyone you have recently been in contact with tested positive for or been diagnosed as having COVID-19 or any other communicable disease? Yes/No checkboxes

If yes provide approximate dates of illness symptom start date through symptom end date

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

Patient/Parent's Signature

Date

