



Maíread M. O'Reilly, DDS, MS, PA
Orthodontics and Dentofacial Orthopaedics

Wellness Screening & Treatment Consent

To our orthodontic family and friends, thank you for your support and patience in the past weeks as our office has been closed in compliance with our Governor's directives during the peak of the COVID-19 pandemic. We are very much looking forward to resuming orthodontic care in the safest possible way for both patients and staff. Part of that initiative includes the attached Wellness Screening and Treatment Consent that we request is returned prior to EACH APPOINTMENT. Please call or email the office if you have any questions, and we will see you soon!

Your name: _____ Patient name (if different): _____

In the last 14 days, has the patient (or any member of the household) had any of the following?

Fever (over 99.6 degrees F)	Yes	No
Coughing	Yes	No
Shortness of Breath	Yes	No
Difficulty Breathing	Yes	No
Persistent pain, pressure or tightness in chest	Yes	No
Travel by airplane or cruise ship	Yes	No

Has the patient, a family member, or any known close contact had either of the following occur?

Diagnosis of COVID-19 Infection, or any other communicable disease	Yes	No
Waiting on results of test for COVID-19 infection	Yes	No

If the patient, family member, or close contact has been diagnosed with COVID-19 infection, when did that occur?

Date: _____

If the answer is yes to any of the previous questions, I understand I will be asked to reschedule today's appointment.

Yes, I understand (initials): _____



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Treatment Consent

Please be assured that our office has always met or exceeded the requirements set forth for sterilization and infection control from the CDC and OSHA and will continue to do so. However, it is possible to contract COVID-19 infection (or any other communicable disease) in any public space. Our office will provide for socially distant appointment scheduling, and also has added a number of new technologies and techniques to the practice to enhance our level of safety. However, due to the nature of orthodontic treatment, social distance is not possible between the orthodontic patient and clinical staff/doctor. Exposure to communicable disease is unlikely but possible. Signing below indicates that the risks involved are accepted, and that consent is given for treatment to be provided by the office of Mairead M. O'Reilly, DDS, MS, PA

Yes, I consent to orthodontic treatment

Signature: _____



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