

Advanced Orthodontics  
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Thank you for choosing Advanced Orthodontics for your orthodontic care!

## SUPPLEMENTAL HEALTH QUESTIONNAIRE

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

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 or other recent acquaintances have:

- A Fever (defined as above 99.6 degrees)? Yes \_\_\_\_\_ No \_\_\_\_\_
- A Cough? Yes \_\_\_\_\_ No \_\_\_\_\_
- Shortness of Breath and/or Trouble Breathing Yes \_\_\_\_\_ No \_\_\_\_\_
- Persistent Pain, Pressure, or Tightness in the Chest? Yes \_\_\_\_\_ No \_\_\_\_\_

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 Signature

\_\_\_\_\_  
Date