



David R. Musich, D.D.S., M.S.

Matthew J. Busch, D.D.S.

PRACTICE LIMITED TO ORTHODONTICS
AND DENTOFACIAL ORTHOPEDICS

1701 East Woodfield Road, Suite 500
Schaumburg, Illinois 60173
847-517-1333

"Form & Function
Through
Art, Science, & *Teamwork*"

AAOIC SUPPLEMENTAL HEALTH QUESTIONNAIRE

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:

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 Name (Print)

Patient/Parent's Signature

Date