



Whitney R. Mostafiz, DMD, MS

Board Certified Orthodontist

121 E 60th Street Suite 1C

New York, NY 10022

whitney@drwhitneyortho.com | (646) 397-6808 | www.drwhitneyortho.com

COVID Office Guidelines for Patients

COVID-19 has introduced unprecedented times and challenges. As such, it is requisite to update healthcare and hygiene protocols. Please review the obligatory patient office hygiene measures for within the orthodontic office setting.

Note: This guideline may be revised/updated as global knowledge, protocols and mandates evolve in real-time.

Before coming to the office:

- ***Please ensure that the COVID Health Questionnaire was filled out and received prior to appointment***
 - *Filled out within 24 hours of scheduled appointment and received before 8 am*
- Please be on time; appointments will be carefully distributed across the day
 - If you are excessively late, your appointment may need to be rescheduled
- Please make sure you are wearing/bringing your own face mask for your personal usage
- Please do not bring nonessential friends/family to your appointment, if possible
- Please brush and floss before coming to your appointment
- Please avoid extremely hot/cold beverages or excessive physical activity within 30 minutes of appointment, as this may affect temperature reading
- You will receive a text message when you are ready to be seen

Upon arriving at the office:

- Please use the bathroom to wash your hands or you may use hand sanitizer
 - In terms of hand sanitizer, bringing and using your own is recommended
- Temperature reading: we will proceed with appointment as long as temperature reading is < 100.4 F
- Please wear mask at all times, until requested to be removed
- Peroxyl rinse will be provided: please use for 30 seconds to 1 minute
 - When spitting, please be mindful to minimize splatter

Acknowledgement: I hereby sign below, attesting that I have completely read these guidelines and understand my patient hygiene responsibilities to the office, the community at-large, as well as to myself.

Patient / Parent Signature and Written Name of Patient

Date