

## Cambridge Orthodontic Practice

43 Long Road, Cambridge, CB2 8PP. Tel: 01223 411922

[www.cambridgeorthodonticpractice.co.uk](http://www.cambridgeorthodonticpractice.co.uk)+

### **Advice for Patients Attending Cambridge Orthodontic Practice**

The whole team at Cambridge Orthodontic Practice are working hard to ensure that your visit to the orthodontic practice will be pleasant, effective and mostly importantly a safe experience.

The procedures and protocols that were routinely part of our safe delivery of orthodontic care are already well developed and practiced at Cambridge Orthodontic Practice. With the COVID-19 pandemic, we have upgraded these routines to ensure that we are offering you the latest in safe orthodontic environments. The risk of virus particle contamination is managed carefully in all areas of the building and surgeries.

**IF YOU ARE UNWELL FOR ANY REASON PLEASE DO NOT COME TO THE ORTHODONTIC PRACTICE. IF YOU SUSPECT ANY SYMPTOMS OF COVID-19 PLEASE STAY AT HOME AND FOLLOW THE NHS GUIDANCE.**

### **How we will look after you before, during and after your visit.**

#### Before your appointment:

Our reception team would have called you to book an appointment and gone through a COVID-19 questionnaire and consent with you before you visit the practice. A copy of this questionnaire and consent is attached. It would be appreciated if you could complete it and return it to us preferably before your appointment in order to save time on the day of your appointment. Unfortunately, we would not be able to see you without the completed form.

#### Preparation at home:

1. Clean your teeth at home as it will not be possible for you to do so at the practice as you might have been used to.
2. Ideally, we would prefer that you do not use the toilet facilities at Cambridge Orthodontic Practice. This would be helpful to manage infection control and social distancing.
3. Order any oral health supplies from home via phone or email so that we can have them ready for you to collect during your visit. Please contact reception to place your order and we request that you pay by card over the phone.
4. If you have any paperwork, please complete it at home and have it ready to hand to our receptionist on arrival.

5. Do not bring anyone with you if this can be avoided. If a family member drives you to the practice, they should wait in the car, we will of course welcome carers who may need to accompany you. If you have to attend with the patient, please inform us of your name and relationship. We also request that you provide your own mask if you attend with the patient.
6. Please make sure you do not bring any extra jackets and baggage – you will not have anywhere to leave this.

#### On arrival:

1. Try to arrive in a cool and calm fashion. Don't run, rush or cycle too fast to your appointment as your body temperature will be raised and you would appear feverish which could prevent you from being treated.
2. On arrival in the car park, phone us (01223 411922) to say you have arrived and please stay in your car.
3. If you do not have a vehicle to wait in, just call us from your phone and wait outside the building and operate social distancing.
4. Once the surgery is ready for you, the receptionist will ring you and the staff member at the front door will take your temperature using a contactless thermometer **(patients with temperatures above 37.8 degrees Celsius will be rebooked in approximately two weeks' time).**
5. We will also ask you to use a hand sanitiser for 20 seconds upon entering the practice.
6. We are not going to use the waiting room – you will be asked to follow coloured arrows to the surgical area.
7. You will notice our reception team are now behind a screen to protect their work environment. Many of us looking after you will also be wearing various levels of PPE and are most likely going to wear a mask as we greet you. This is because we will be closer than 2m from you.

#### Your appointment:

1. We will invite you straight into the dental surgery that would have been prepared to provide a safe environment for you.
2. Try to bring as little personal belongings into the practice as possible.
3. You will be given a patient bib to protect your clothes as well as a tissue to hold throughout the appointment so that you are prepared to catch any sneezes or cough which will help keep the surgery environment clean.
4. Once your appointment is finished, we will ask you to leave via the back door and follow the arrows back to the car park.
5. We will call you shortly after your appointment to arrange your next appointment and will email a summary of the treatment carried out and advice or instructions given.

***Any appointments that can be conducted virtually, will continue to be performed virtually to reduce the risk of exposure. Due to guidelines, we will be seeing approximately 30% of the patients we used to see. Please be patient with us. We have a back-log of patients and will try to prioritise those in most need.***

**PLEASE COMPLETE THIS DOCUMENT AND RETURN TO THE PRACTICE BEFORE YOUR APPOINTMENT TO: [wiltusb@gmail.com](mailto:wiltusb@gmail.com)**

**COVID-19 SCREENING QUESTIONNAIRE AND CONSENT TO ORTHODONTIC TREATMENT**

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**1. Do you or any member of household have symptoms suggestive of COVID 19?**

YES/NO (If yes, appointment cannot proceed until symptoms resolve - 14 days from onset of symptoms and you will remain on a pending list)

**2. Have you or any member of your household returned from one of the isolation countries (14 days on return)**

YES/NO (If yes, appointment cannot go ahead during COVID-19 and you have to move your appointment to the next available appointment)

We have to consider and weigh up the benefits of you receiving orthodontic treatment at the practice against the risk to you of possible exposure to the COVID-19 virus. Even though we have the required PPE to carry out orthodontic procedures and implemented enhanced disinfection protocols and social distancing measures at the practice, there remains a small risk to you being exposed to the COVID-19 virus.

Once you have considered the risks and benefits involved, please complete the following:

**I understand the risks and benefits explained: YES/NO**

**I consent to receive non-aerosol generating orthodontic treatment for the forthcoming visit at the practice: YES/NO**

Signature of patient/parent/guardian \_\_\_\_\_

Name of patient: \_\_\_\_\_

Relationship to patient (if patient did not sign) \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

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