

Precautions COVID-19

The group of orthodontic practices BECKER & Associés are taking all necessary measures to welcome you in the **best possible hygiene conditions** and ensure the **security of our patients, orthodontists and personnel**.

YES NO

Have you been **IN CONTACT with a PERSON afflicted by COVID-19** over the past 5 days

- for more than 15 minutes
- Within 2 meters
- Without masks and other protections ?

I herewith certify that the information above is **sincere and exact**, and that I am **not afflicted** by COVID-19 to the best of my knowledge.

Date :

Name / first Name

Signature (patient or responsible parent)

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