

COVID-19 PANDEMIC DENTAL TREATMENT NOTICE AND ACKNOWLEDGEMENT OF RISK FORM

The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. The virus has a long incubation period. One may have the virus and not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and not 100% accurate even with virus testing. You could contract COVID-19 from a variety of sources. It is a general belief that dental visit could be riskier because of close contact with dental care workers and the aerosol generated during certain dental procedures.

Our goal is to follow CDC and local government guidelines to provide a safe environment for our patients and staff, and to advance the safety of our local community. Here are a "partial" list of the measures we will implement to reduce the risk of contracting COVID-19 virus: proper Personal Protection Equipments, proper room disinfection protocols, aerosol reducing protocols, improvement of air circulation, use of high grade air purifying filter, and sanitizing the air by Ultraviolet Radiation in the HVAC air duct system.

Your cooperation is needed to help with reducing the risk of contracting COVID-19, such as visiting only by appointment, wearing a face covering at all times except during procedure time, adhering to social distancing (waiting in your car is preferred) and sanitizing your hands often. You will need to answer screening questions carefully and we will check your temperature in the office. Your appointment might be rescheduled, and some dental procedures might be postponed or referred to another clinic upon your dental and health conditions.

Despite every effort, the risk of you contracting the virus in a dental office can not be eliminated, due to visits by other dental patients, the characteristics of the virus, and the characteristics of dental procedures.

A weak or compromised immune system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition), can put you at greater risk for contracting COVID-19. Please disclose to us any condition that compromises your immune system and understand that we may ask you to consider rescheduling treatment after discussing any such conditions with us.

I confirm that I have read the Notice above and understand and accept the additional risk of contracting the COVID-19 virus in the dental office or with dental treatment. I also acknowledge that I could contract the COVID-19 virus from outside this office and unrelated to my visit here.

Printed Name of the Patient or the Legal Guardian

Signature of the Patient or the Legal Guardian

Date

Name and Signature of Witness

Date