



COVID-19 QUESTIONNAIRE

Patient Name: _____

If you are accompanying our patient today: Escort Name: _____

WITHIN THE PAST 14 DAYS:

1. Have you had a fever or do you currently have a fever? _____ **YES / NO**
2. Have you experienced a recent onset of respiratory problem, such as cough, difficulty in breathing or shortness of breathing? _____ **YES / NO**
3. Do you have a runny nose, recently lost or had reduction in your sense of smell or taste? _____ **YES / NO**
4. Have you travelled or visited area/neighborhoods with documented COVID-19 transmission? **YES / NO**
5. Have you come in contact with a patient with confirmed COVID-19 infection? _____ **YES / NO**
6. Have you or anyone you were in contact with travelled out of the U.S. or in states that were affected by the coronavirus? _____ **YES / NO**
7. Is there at least one person experiencing fever or respiratory problems having close contact with you? _____ **YES / NO**
8. Have you recently participated in any gatherings, meetings or had close contact with many unacquainted people? _____ **YES / NO**
9. Have you tested positive for COVID-19 or had COVID-19? _____ **YES / NO**

If you answered YES to any of the above questions, please elaborate:

I fully understand and acknowledge the above information, risk, and cautions regarding a compromised immune system and have disclosed to my provider any conditions in my health history which may result in a compromised immune system. By signing this document, I acknowledge that the answer I have provided above are true and accurate.

Patient's Signature: _____

Date: _____



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

Our goal is to provide a safe environment for our patients and staff, and to advance the safety of our local community. This document provides information we ask you to acknowledge and understand regarding the COVID-19 virus.

The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. Our practice wants to ensure you are aware of the additional risks of contracting COVID-19 associated with dental care.

The COVID-19 virus has a long incubation period. You or your healthcare providers may have the virus and not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated due to limited availability for virus testing.

Due to the frequency and timing of visits by other dental patients, the characteristics of the virus, and the characteristics of dental procedures, there is an elevated risk of you contracting the virus simply by being in a dental office. Despite our careful attention to sterilization, disinfection and use of personal protective barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be at your gym, grocery store or favorite restaurant. Although we have taken measure to provide social distancing in our practice, due to the nature of the procedure we provide, it is not possible to maintain social distancing between the patient, dentist, dental staff and sometimes other patients at all the time. Dental procedures create water spray which, is one way the disease is spread. The ultra-fine nature of the water spray can linger in the air a long time, allowing for transmission of the COVID-19 virus to those nearby.

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

You cannot wear a protective mask over your mouth to prevent infection during treatment as your health care providers need access to your mouth to render care. This leaves you vulnerable to COVID-19 transmission while receiving dental treatment.

I have read and understand the information stated above and giving consent for the recommended treatment:

Patient's Name: _____

Patient's Signature: _____

Date: _____



Patient Instructions for COVID - 19

At the time of arrival:

1. Fill out two forms from home. COVID-19 questionnaire and COVID – 19 consent form to expedite the process and avoid the wait at the front desk.
2. Wear mask or face cover from home.
3. Please brush thoroughly before your appointment.
4. Stay in car when arrived at office and text us and wait for us to call you to come in when we are ready for you.
5. We will open door for you, so you do not have to touch any door handle or knob to avoid any cross contamination.
6. Once you enter, we will take your temperature with our infrared non touch thermometer.
7. Please try to avoid touching many surfaces as much as possible for your own protection.
8. We suggest not to schedule a child and a parent together as we will not be able to see both at the same time and we do not want any patient or child to wait in waiting area to protect everyone. If child is scheduled with parent then make sure someone is available to take care of child in the car while parent is getting treatment done as we won't be able to let child by himself/herself in waiting area.
9. Then you will be escorted to the counter where you must use Hydrogen Peroxide to rinse your mouth.
10. You will be then guided to the operatory.

At the time of check out:

1. You will be guided to the front check out counter when we are ready for you and ensure that no other patient is present at the same time.
2. Payment process and next appointment schedule. If we are using your credit card, we will disinfect before giving back to you.
3. You will be guided by our office staff, who will open the door for you so you do not have to touch any surface for your safety.