

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

During these uncertain times regarding the COVID-19 Global Pandemic, our top priority is the safety of our patients, staff, and community. This document is to serve as information to acknowledge and understand regarding COVID-19 and dental care.

The novel coronavirus, COVID-19 is a serious and highly contagious disease. According to the Pennsylvania Department of Health, there is no data available to assess or reflect the risk of COVID-19 and its transmission during dental procedures; however, there are still evident risks with the nature of how dentistry in its entirety is performed.

What we do know about COVID-19 is that it has a long incubation period- you or your healthcare providers may have the virus and not outwardly demonstrate symptoms, yet may be contagious. This is why transparency about symptoms and exposure you may have experienced is vital to not only yourself, but our team as well for the greater good of all in combating this highly contagious virus.

Dental procedures create visible and non-visible, aerosol-like water spray droplets, which can be a transmissible factor of the coronavirus.

You will not be able to wear Personal Protective Equipment (PPE) during your procedure as our dental team will need access to your mouth to render care. This leaves you susceptible to COVID-19 transmission.

Pursuant with guidelines and recommendations from the Center for Disease Control (CDC), American Dental Association (ADA), Occupational Safety and Health Administration (OSHA) and the Pennsylvania Department of Health, emergency and elective procedures will be performed at the discretion of our staff. The nature of emergency and risk factor will be taken into consideration with regard to candidacy for dental procedures to take place. Our prioritization of patients as urgent, emergency and non-emergency, elective patients will remain compliant with the most current recommended guidelines and mandates.

I confirm and acknowledge I have thoroughly read the Notice above and I understand and accept that there is increased risk of contracting the novel coronavirus, COVID-19, during my visit to the dental office and/or during the dental procedure. I attest that I am seeking treatment that follows current guidelines for candidacy for dental procedures and I have been transparent with my symptoms, exposure and immunity-related information with regard to transferring or contracting COVID-19. I also accept that I could contract COVID-19 outside the dental office environment and unrelated to my visit.

I have read and understand the information provided above:

Signature

Date

COVID-19 Patient Screening Form



PATIENT NAME:

	PRE-APPOINTMENT	IN OFFICE
	Date:	Date:
In the last 14-21 days, have you felt feverish or felt hot/feverish?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you experiencing shortness of breath or difficulties breathing?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Apart from allergies, have you experienced a runny nose, dry cough and/or sore throat?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you experiencing flu-like symptoms (eg: gastrointestinal upset, headache, fatigue?)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you experiencing recent loss of taste and/or smell?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you in contact with any confirmed COVID-19 positive patients? <i>Patients who have been exposed to sick family members at home with COVID-19 should consider postponing elective treatment.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you tested positive for COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you over the age of 60?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have heart disease, lung disease, kidney disease, diabetes and/or any auto-immune disorders?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you traveled to any regions outside of your current county that may be strongly impacted by COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you checkmark "yes" to any of the above questions, these may likely be indicators to a deeper discussion being needed before proceeding with elective dental treatment.

To learn more about COVID-19 symptoms and testing, visit www.health.pa.gov.

I have answered all of the above questions to the best of my ability and they are true and accurate.

Signature

Date