

COVID-19 PANDEMIC / ELECTIVE TREATMENT / PATIENT NOTICE AND ACKNOWLEDGEMENT OF RISK

Patient Name: _____ Date of Birth: _____

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.

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 for a long time, allowing for transmission of the COVID-19 virus to those nearby.

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.

We have always followed state and federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of all diseases in our office. As we continue to do so, you will see we are taking extreme measures to ensure your safety as well as the safety of our staff. In addition to our recommended sterilization processes, we have implemented air purification devices in each operatory and will be wearing more protective masks and gowns.

Our style of practice and even the facility we practice in is to our advantage. We see a limited number of patients in a personalized manner. There are few staff members, and more importantly, we don't have a high number of patients coming and going throughout the day. This minimizes risks. We have ample time to take advantage of the changes we have adopted to meet these new challenges. We have always been proud of our infection control practices. All instruments are processed by autoclave sterilization, we use many disposable items such as plastic covers and barriers, all disinfectants we use to clean and process the treatment room such as the chairs, counters, etc., are all EPA approved for use as surface disinfectants and are on the EPA list N (approved for use with COVID-19).

I have read and understand the information stated 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 further confirm I am seeking treatment for a condition that is elective.

I understand and accept the additional risk of contracting COVID19 from contact at this office. I also acknowledge that due to the nature of this illness, I may already be infected with the virus without symptoms but could also have contracted the COVID-19 virus unrelated to my visit here.

Patient (or Legal Guardian) Signature

Date

Time