

COVID-19 Pandemic Notice and Acknowledgement of Risk Form and Office Protocols

With the presence of COVID-19 globally and locally, our office has been working diligently since the outbreak to ensure for the optimal safety of our staff, patients, and families, and community.

First and foremost, if you are experiencing any of the symptoms or conditions listed below, please **DO NOT** come to your scheduled dental appointment.

- Fever
- Shortness of breath
- Dry cough
- Runny nose
- Sore throat
- Body aches
- Chills
- Repeated shaking with chills

It is **IMPERATIVE** that you call your medical care professional in order to have the appropriate diagnostic testing and evaluation performed to indicate if you are infected with COVID-19.

If you are negative for all of the aforementioned conditions, please remain in your vehicle once you arrive at our office. Our waiting room is closed so please call 570-622-3437 to notify us of your arrival and we will escort you in.

Only the scheduled patient is escorted into the office with the exception of a child being allowed one parental or adult escort.

The following is the COVID-19 Consent to Treatment Form which is signed at all appointments for review: (it is advisable for patients to bring their own pens for maintaining cleanliness)

I, _____ Knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.

I understand that the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing.

Dental procedures create water spray which is how the disease spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus.

- I understand due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office (initial)_____
- I have been made aware of the CDC, ODA, and ADA guidelines that under the current pandemic all non-urgent dental care is not recommended. Dental visits should be limited to the treatment of pain, infection, conditions that significantly inhibit normal operation of teeth and mouth, and issues that may cause anything listed above within the next 3-6 months. (Initial)_____
- I confirm I am seeking treatment for a condition that meets these criteria. (initial)_____
- I confirm that I am not presenting with any of the following symptoms of COVID-19 listed below: fever, shortness of breath, dry cough, runny nose, sore throat, body aches, chills, repeated shaking with chills (initial)_____
- I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. The CDC recommends social distancing of at least 6 feet away, and this is not possible for the dental visit (initial)_____
- I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19 (initial)_____
- I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days. (initial)_____

Name/Signature _____

Date _____