COVID-19 PATIENT SCREENING

In order to reduce the risk of spread of COVID-19, we have to ask you a number of screening questions. Please be truthful and candid in your answers.

HAVE YOU OR ANYONE IN THE HOUSEHOLD TESTED POSITIVE FOR COVID-19 OR WAITING ON A TEST RESULT?

_____y   _____N

IF YES - HOW LONG HAVE YOU BEEN SYMPTOM FREE? _____

DO YOU OR ANYONE IN THE HOUSEHOLD HAVE A FEVER, DRY COUGH, OR SORE THROAT?   _____y   _____N

If you answered yes to any of the above questions further discussion with your Dentist regarding proceeding with the elective dental treatment will be necessary.

_____   _____
Patient Name   /   Temperature   **Patient Name   /   Temperature**

_____   _____
Patient Name   /   Temperature   **Patient Name   /   Temperature**

_____
Patient Name   /   Temperature

_____   _____
Patient Name   /   Temperature   **Parent-Guardian Signature   /   Temperature**

INFORMED CONSENT -- PEDIATRIC DENTISTRY FOR COVID-19

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or flu, you may be exposed to COVID-19, also known as Coronavirus, at any time or in any place. Be assured that 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 and continue to do so.

Our staff are symptom free and, to the best of our knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge.

Despite our careful attention to sterilization, disinfection, and use of personal 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. "Social Distancing" nationwide has reduced the transmission of COVID-19. Although we have taken measures in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between patients, doctor, doctor staff and sometimes other patients at all times.

Although exposure is unlikely, do you accept the risk and consent to treatment?   Yes_____   No _____

_____   _____   _____
Parent-Guardian Signature   **Date**   **Screener initials**