



PLAINSBORO

FAMILY DENTISTRY, L.L.C.

Dear Patient:

We hope this letter finds you and your family in good health. Our community has been through a lot over the last few months, and all of us are looking forward to resuming our normal habits and routines. While many things have changed, one thing has remained the same: our commitment to your safety.

Infection control has always been a top priority for our practice and you may have seen this during your visits to our office. Our infection control processes are made so that when you receive care, it's both safe and comfortable. We want to tell you about the infection control procedures we follow in our practice to keep patients and staff safe.

Our office follows infection control recommendations made by the American Dental Association (ADA), the U.S. Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA). We follow the activities of these agencies so that we are up-to-date on any new rulings or guidance that may be issued.

You may see some changes when it is time for your next appointment. We made these changes to help protect our patients and staff. For example:

- Our office will communicate with you beforehand to ask some screening questions. You'll be asked those same questions again when you are in the office.
- You may see that our waiting room will no longer offer magazines, children's toys and so forth, since those items are difficult to clean and disinfect.
- Appointments will be managed to allow for social distancing between patients. You will be asked to remain in your car when you arrive for your appointment as ask that you call us when you arrive and will be instructed when you can enter the office.
- That might mean that you're offered fewer options for scheduling your appointment.
- We will do our best to allow greater time between patients to reduce waiting times for you, as well as to reduce the number of patients in the reception area at any one time.

We look forward to seeing you again and are happy to answer any questions you may have about the steps we take to keep you, and every patient, safe in our practice. To make an appointment, please call our office at 609-799-7766 or visit our website at www.plainsborofamilydentistry.com

Thank you for being our patient. We value your trust and loyalty and look forward to welcoming back our patients, neighbors and friends.

Sincerely,
Dentist and Team



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THE NEW NORMAL

Welcome back to our practice after a very difficult time for dentists and the world.

Our goal is providing a safe environment for our patients and staff and our families. Plainsboro Family Dentistry is taking the necessary steps to ensure that our office environment is meeting all the requirements set for by the CDC and other governmental agencies including the ADA and NJDA. We have always advocated education for our patients in health and wellness. For your knowledge, I want you to know that all PPE has been added to our practice. It is important that you understand that you as a patient can ask questions or address any concerns that you might have.

While necessary, the new PPE requirements have increased the cost of doing business. For this reason, a PPE surcharge will be added to all appointments. The anticipated increase in the cost of doing business was not included in any third party negotiated fees. The ADA has strongly urged these parties to include this cost in their reimbursement process. The PPE charge of \$15.00 will be added to all patient appointments, in lieu of increasing procedure fees. Plainsboro Family Dentistry has always tried to maintain our fees at a reasonable rate.

Plainsboro Family Dentistry thanks you in advance for your understanding and is honored to continue providing services to you and your family.

Professionally,

Dr. Samir Patel, DDS & Staff

I have read and understand the information above.

Signature: [Click here to enter text.](#)
a date. _____

Date: [Click here to enter](#)



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Patient Screening Form

Patient Name: [Click here to enter text.](#)

	PRE-APPOINTMENT	IN-OFFICE
	Date: Click here to enter a date.	Date: Click here to enter a date.
Do you/they have fever or have you/they felt hot or feverish recently (14-21 days)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you/they having shortness of breath or other difficulties breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you/they have a cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you/they experienced recent loss of taste or smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you/they in contact with any confirmed COVID-19 positive patients? (Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your/their age over 60?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you/they travelled in past 14 days to any regions affected by COVID-19? (as relevant to your location)

Yes
No

Yes
No