



Pledge to Patients

What We Are Doing to Keep You and Our Team Safe

We are excited to have the opportunity to welcome you back! Our office has always utilized personal protective equipment (PPE) that has exceeded all the CDC guidelines, however, in light of the COVID-19 Pandemic we have instituted additional guidelines and protocols to ensure your safety.

You will see many changes, as we have new ways of scheduling your appointments and managing your insurance and financial transactions. First, you will be contacted 48-72 hours prior to your appointment via phone, text or email and asked a set of health-related questions. It is required that we complete this questionnaire prior to your appointment. **We will have to reschedule your appointment if we are unable to complete this step.** Below is a list of some of the enhanced precautions we have taken to protect you in addition to extensive team training on infection control and patient management procedures.

1. Personalized arrival procedures to guide you from your car directly to treatment rooms.
2. Maintain distancing in the reception area for essential caregivers and parents of minors if they can not wait in a vehicle or outside the clinic.
3. Removed magazines and items that can harbor or transfer germs of any kind. Hand sanitizers will be positioned throughout the clinic.
4. Providing more education materials to enhance your awareness of health issues related to this pandemic.
5. We require a mask to be worn by ALL patients upon entering the office.
6. Installed sneeze guards or droplet barriers at all reception areas.
7. Require hand washing and hand sanitizing before all appointments by our team and by our patients.
8. Introduce an oral prerinse by all patients to reduce exposure to germs.
9. Require all team members to undergo periodic testing for COVID-19 and antibodies for the earliest detection of exposure should it exist.
10. Record temperature of every patient upon entering the office.
11. Record the temperature and lung efficiency of every team member each day at beginning and end of work period.
12. Payment arrangements in advance to avoid delay and allow contactless exit from the appointment.



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13. Enhanced operator disinfection procedures of all surfaces between patients.
14. Ambient air management with HEPA 13 air filtration continuously in treatment rooms and common areas to remove germs from circulating air.
15. Enhanced HVAC disinfection with UV light or HEPA Filtration units.
16. Enhanced operator disinfection procedures before and after all appointments with mist or fogging devices to access hard to reach places that can be easily missed.
17. New personal protection equipment like visors, gowns, and masks for our doctors and team to provide barriers against the smallest of germs.
18. Introduce protocols to reduce or eliminate airborne aerosols during all dental procedures.
19. Enhanced nightly disinfection procedures of equipment and office fixtures like computers, keyboards, telephones, tablets, chairs, doorknobs, and buttons that may be touched unconsciously.
20. Disinfection of all outside mail and packages that enter the building.
21. Longer appointment times for you to prepare and complete all appointment tasks and duties in the safest and most comprehensive manner.
22. Providing teledentistry services for follow up lab reports or communication that can be done online or through video education.
23. Provide disease testing recommendations or administer testing in the office prior to appointments.
24. 14 Day Follow-up with each patient for COVID-19 symptoms to aid early detection and contact tracing.



COVID-19 Screening & Consent

Have you previously been diagnosed with COVID-19, or do you think you've had/have COVID-19?

Yes No

If YES, was it in the last 3 weeks?

Yes No

If you have had COVID-19, when were you confirmed negative?

Date:

Have you been in contact with anyone who has been sick and/or confirmed to be COVID-19 positive?

Yes No

Do you currently have (or have you experience) any of the following symptoms in the past 21 days:

Fever Yes No

Fatigue (feeling tired) Yes No

Altered or loss of taste/smell Yes No

Dry Cough Yes No

Shortness of breath, difficulty

breathing, chest tightness

Yes No

Chills/Repeated shaking Yes No

Muscle pain Yes No

Headache or sore throat Yes No

Any Flu-like symptoms Yes No

If yes please explain:

GI upset or diarrhea Yes No



COVID-19 Screening & Consent

I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. I have received information from my dental provider about all the mitigation protocols to reduce this risk. However, I acknowledge that it is impossible to ever truly eliminate the possibility of viral presence.

Yes No

I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to having dental treatment completed during the COVID-19 pandemic.

Signature: _____

Date: _____