

New COVID-19 Check-In Procedures:

We appreciate your patience and understanding with our new check-in policies. They are based on guidance from the CDC and the ADA, and designed for your safety and the safety of our community:

1. You should be wearing a face mask when in the clinic until you are seated in the operatory, also please remove your gloves (if any) and refrain from touching surfaces.



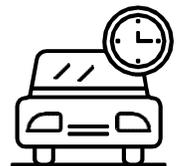
2. Your temperature will be taken at check-in. Anyone with a temperature of 100.4 or higher will be rescheduled.

3. Adult patients – please only bring yourself to your appointment.



4. Parent bringing your child – please bring only the child with the scheduled appointment.

5. You may be asked to wait in your vehicle after completing the check-in process to limit the number of people in the office at one time. You will receive a call or text when the doctor is ready to see you.



6. Wash hands thoroughly, rub hands vigorously for 20 seconds. Avoid touching doorknobs and other surfaces.

7. Always maintain at least 6 feet (Social Distancing) between you and others until seated in the operatory





COVID-19 Pandemic Dental Treatment Consent Form

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

I understand that COVID-19 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 is spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the coronavirus.

- I understand that 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 confirm that I am not presenting any of the following symptoms of COVID-19 listed below:
 - Fever (100.4 degrees or above)
 - Shortness of Breath
 - Dry Cough
 - Runny Nose
 - Sore Throat
 - Loss/lack of taste and/or smell
 - _____ (initial)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus, and the CDC recommends social distancing of at least 6 feet for a period of 14-30 days to anyone who has, and this is not possible with dentistry. _____ (initial)

- I verify that I have not traveled outside the United States in the past 14-30 days. _____ (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: _____ Date: ____ / ____ / ____