COVID-19 Pandemic Patient Disclosures & Informed Consent

Our office is committed to delivering necessary dental care to our patients in the safest manner possible at all times. It is our promise to you that we continue to follow all infection control & safety guidelines provided by the Department of Health, CDC, & OSHA to help prevent the spread of COVID-19. Our staff are symptom-free, and to the best of their knowledge have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including our patients) could be infected, with or without their knowledge. We are taking every possible measure to prevent against individuals unknowingly bringing COVID into this office by asking the following screening questions, taking temperatures on all staff and patients, and using a pulse oximeter on all persons to screen for low oxygen saturation (often a silent sign of COVID). Despite taking all of these precautions, we are unable to make any guarantees. If you should develop any signs or symptoms of COVID-19 or a positive COVID-19 test in the 14-day period following your dental appointment, please contact this office to make us aware.

A weak or compromised immune system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, and other medical conditions) can put you at a greater risk for contracting COVID-19. It is your decision if you would prefer to delay treatment at this time.

Do you have a fever?	□ yes □ no	Have you tested positive for COVID-19?	□ yes □ no
Are you experiencing shortness of breath or difficulty breathing?	□ yes □ no	Have you been in contact with someone who has tested positive for COVID-19 in the last 14 days?	□ yes □ no
Do you have a dry cough?	□ yes □ no	Have you been tested for COVID-19 and are awaiting results?	□ yes □ no
Do you have a runny nose?	□ yes □ no	Have you traveled outside of the US for any reason in the past 14 days?	□ yes □ no
Have you had a reduction in taste/smell?	□ yes □ no	Have you traveled outside of the state for any reason in the past 14 days?	□ yes □ no
Do you have a sore throat?	□ yes □ no		
Do you have any other flu-like symptoms, such as gastrointestinal upset, headache, muscle aches or fatigue?	□ yes □ no		
Even if you do not currently have any of the above symptoms, have you experienced any of these symptoms in the past 14 days?	□ yes □ no		

Temperature: _____ SpO2: _____

Patient/guardian signature: _____ Date: _____

Witness signature: _____