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Supplemental Informed Consent & Health Questionnaire

Dental Treatment in the Era of Covid-19

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the 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.

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 the Coronavirus. Although we have taken measures to provide social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, periodontist, dentist, dental hygienist, assistants, staff and sometimes other patients at all times. Although exposure is unlikely, there is always a risk.

If you have been exposed to a communicable disease, you may spread the disease to the dentist, hygienist, dental assistants and staff, or other patients in the practice. Therefore, prior to each appointment, we will be asking the screening questions (see below) to reduce the chances of transmission:

- Do you have or have you had a fever in in the past 2 weeks? Yes No
Have you had any shortness of breath or difficulty breathing? Yes No
Do you have a cough? Yes No
Do you have any flu-like symptoms, headache, fatigue? Yes No
Have you experienced any recent loss of taste or smell? Yes No
Have you been in contact with any COVID-19 positive patients? Yes No
-Patients who are well but are in contact with positive COVID-19 patients should delay treatment
Do you have any heart disease, lung disease or diabetes that is poorly controlled? Yes No
Are you immunocompromised or do you have any autoimmune diseases? Yes No
Have you traveled to any areas that are significantly affected by COVID 19? Yes No

Patient/Guardian Signature Date