

**Consent to Dental Treatment in the Aftermath of the COVID-19 Pandemic**

I have been advised by Dr.Jill A Adams and her team that due to an absence of a rapid response onsite testing capability as part of a pretreatment screening or until an effective vaccine is readily available, that the total avoidance of the Coronavirus cannot be assured in the dental office environment. I have been advised that the following steps are being taken by Dr.Adams and her team to minimize and mitigate the potential for viral contamination as part of dental treatment:

1) New air filter systems with HEPA filtering and UV-C sanitization have been implemented in each operatory, the front office, and the reception area.

2) Additional suctioning device systems called Isolite 3 (by Zyris) and ReLeaf, have been installed to help reduce aerosol spray directly from your mouth during treatment (the Isolite company claims up to 90% aerosol reduction).

3) Our dental team will also have their temperatures taken daily and will be self-monitored for symptoms as well. We will be using the appropriate upgraded personal protective equipment to care for you and your family.

4) Patients entering the building will be screened beforehand, will be asked to use the hand sanitizer station upon entry, and will have their temperature taken. We will also be asking patients to wear a mask until their treatment is being performed.

5) We will be limiting the amount of people in the clinic throughout the day and stagger dental appointments as best as possible to reduce the amount of exposure. We will ask that patients do not bring companions with them to their appointment.

6) Each operatory will be disinfected according to the IDA and CDC regulations. All common spaces are being regularly disinfected as well.

7) Social distancing will be practiced throughout our building except for when patients are receiving treatment.

8) Only patients who report being symptom-free and have not had contact with any symptomatic people within the last two weeks are being seen for treatment in the office at this time.

As a patient, I have advised Dr.Adams and her team of and have agreed to the following:

1) I have informed Dr.Adams and her team that I am free form any respiratory disease symptoms to include cough, fever, runny nose, fatigue, shortness of breath/difficulty breathing, muscle/body aches, headache, new loss of taste/smell, sore throat, and diarrhea for the past 14 days.

2) I have not been in contact with anyone who has had symptoms of COVID-19 in the last three weeks to my knowledge.

3) I consent to having my temperature taken and that I will be declined treatment if I am running a fever today.

1. I agree to use a 1% hydrogen peroxide prerinse prior to treatment to potentially reduce the viral load if I indeed have been exposed to the virus and am not yet asymptomatic.
2. I agree to advise Dr.Adams if I should develop symptoms consistent with COVID-19 within three weeks of having been seen for treatment.

Dr.Adams has assured me that she and her team are doing what they reasonably can do to minimize the risk of COVID-19 infection as a consequence of dental treatment. I confirm that I have been truthful in my responses to prior or current exposure and confirm that I will advise them if subsequent symptoms develop. I agree to hold Dr.Adams and her team harmless in the extent that I present with COVID-19 symptoms at any time subsequent to treatment. Dr.Adams and her team will also agree to hold you harmless in the extent that I unintentionally exposed them to the virus by being asymptomatic in spite of prior unrecognized contact.

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