

PANICO 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 the 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 always have 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, dentist, hygienist or dental staff member and sometimes other patients at all times.

Although exposure is unlikely, do you accept the risk and consent to treatment?

YES _____ NO _____

If you have been exposed to a communicable disease, you may spread the disease to the dentist, dental staff member or other patients in the practice. Therefore, prior to each appointment, we will ask the following questions to reduce the chance of transmission:

- 1) Have you, or someone you've come in contact with tested positive for COVID-19?
YES _____ NO _____
- 2) Fever (above 100.4 degrees) YES _____ NO _____
- 3) Cough YES _____ NO _____
- 4) Shortness of breath and/or trouble breathing YES _____ NO _____
- 5) Persistent pain, pressure, or tightness in the chest YES _____ NO _____
- 6) Fatigue/muscle or body aches/headaches YES _____ NO _____
- 7) Sore throat/congestion or runny nose YES _____ NO _____
- 8) New loss of taste or smell YES _____ NO _____
- 9) Nausea, vomiting or diarrhea YES _____ NO _____
- 10) Travelled to high outbreak areas such as NY YES _____ NO _____

I understand that if the answer to any of these questions is **YES**, I will be asked to reschedule today's dental appointment.

Patient Signature: _____ Date _____