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COVID-19 DENTAL TREATMENT CONSENT FORM

In response to the COVID-19 pandemic, we take the safety of our patients very seriously. Our office has met or exceeded all the CDC and OSHA guidelines regarding safety measures. Despite all precautionary measures, a dental office is considered a high-risk environment due to the creation of aerosols during most procedures. There is no possible method to completely eliminate the risk of transmission of COVID-19. The following measures have been implemented in order to decrease the risk of exposure to the virus:

- No more than three patients in the waiting room at a time, seated at least six feet apart
- All other patients must be in the operatory or wait in the parking lot
- All patients must clean and disinfect their hands upon entry of the office
- Frequent disinfection of surfaces with an EPA-approved disinfectant formula
- All staff and providers must wear Personal Protective Equipment (PPE)
- Patient temperatures will be monitored each visit
- Patients may be asked to rinse with Hydrogen Peroxide prior to any procedure in order to decrease the viral load in potentially infectious aerosols

Your safety is our priority. If you have any concerns, please share them with us. We are here to answer any questions you may have.

Print Name

Parent/Guardian Signature (Minors)

Patient Signature

Date

PATIENT SCREENING FORM

Patient Name:

Date:

SCREENING QUESTIONS	IN-OFFICE	
	Yes	No
Do you/they have a fever, or have you/they felt hot or feverish recently? (14-21 days)?		
Are you/they having shortness of breath or other difficulties breathing?		
Do you/they have a cough?		
Any other flu-like symptoms, such as gastrointestinal discomfort, headache, or fatigue?		
Have you/they experienced recent loss of taste or smell?		
Are you/they in contact with any confirmed COVID-19-positive patients? <i>Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment</i>		
Is your/their age over 60?		
Do you/they have heart disease, lung disease, kidney disease, diabetes, or any other auto-immune disorders?		
Have you/they traveled in the past 14 days to any regions affected by COVID-19 (as relevant to your location)?		

Positive responses to any of these fields would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment. For testing, see the list of State and Territorial Health Department Websites for your specific area's information.