

Affordable Dentures & Implants - Miami Lakes III, P.A.

COVID-19 Pandemic

Dental Treatment Notice, Acknowledgement of Risk and Consent Form

The goal of our dental practice (the dental practice noted above or, if not noted, then the dental practice and its staff that I have chosen to visit and/or provide my dental care; collectively, the "Practice") is to provide a safe environment for our patients and staff, and to advance the safety of our local community. This document provides information we ask you to acknowledge and understand regarding the COVID-19 virus.

The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. Our Practice wants to ensure you are aware of the additional risks of contracting COVID-19 associated with dental care.

The COVID-19 virus has a long incubation period. You or your healthcare providers may have the virus and not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated due to limited availability for virus testing.

Due to the frequency and timing of visits by other dental patients, the characteristics of the virus, and the characteristics of dental procedures, there is an elevated risk of you contracting the virus simply by being in a dental office.

Dental procedures create water spray which is one way the disease is spread. The ultra-fine nature of the water spray can linger in the air for a long time, allowing for transmission of the COVID-19 virus to those nearby.

You cannot wear a protective mask over your mouth to prevent infection during treatment as your health care providers need access to your mouth to render care. This leaves you vulnerable to COVID-19 transmission while receiving dental treatment.

If Dental Emergencies are only permitted to be conducted: Pursuant to statements from authorities in our State, the Center for Disease Control (CDC) and/or the American Dental Association (ADA), if our dental Practice is only permitted to provide care for dental emergencies on the date of your procedure(s), then any portion of your treatment plan that is non-essential or elective treatment, based on the assessment of our staff, may need to be rescheduled. According to the ADA, dental emergencies are "potentially life threatening and require immediate treatment to stop ongoing tissue bleeding [or to] alleviate severe pain or infection." The ADA also recommends that urgent dental care which "focuses on the management of conditions that require immediate attention to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments" be provided in as minimally invasive a manner as possible. If, however, our Practice is able to provide more than dental emergency care to you, then any patient care in your treatment plan that exceeds that for dental emergencies may be provided during your visit(s) to our Practice based on the assessment of our staff.

Even after following protocols set by the American Dental Association and our State's dental association, it is still possible to contract COVID-19 while at a dental office.

- I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic. I understand that the COVID-19 virus has a long incubation period during which carriers of this virus may not show symptoms and may still be highly contagious.

_____ (Initial)

- I understand that – due to the frequency of visits of other dental patients, the characteristics of the COVID-19 virus, and the characteristics of dental procedures – I have an elevated risk of contracting the COVID-19 virus simply by being in a dental office. _____ (Initial)

- I confirm that I am not presenting any of these COVID-19 symptoms: _____ (Initial)

- Fever
- Shortness of breath
- Dry cough
- Runny nose
- Sore throat

- I confirm that I have not been in contact with a person who has been diagnosed with COVID19 within the past 14 days. _____ (Initial)

- I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And the CDC recommends social distancing of at least six feet for a period of 14 days to anyone who has recently traveled, and this is not possible with dentistry.

_____ (Initial)

- I verify that I have not traveled outside the United States in the past 14 days.

_____ (Initial)

- I verify that I have not traveled domestically within the United States by commercial airline, bus or train within the past 14 days. _____ (Initial)

I confirm that I have read the Notice above and I have had the opportunity to discuss these issues with the Practice staff who have answered all questions to my satisfaction and that I understand and accept that there is an increased risk of contracting the COVID-19 virus in the dental office or with dental treatment. I further confirm that if the Practice is only permitted to provide care for dental emergencies, that I am seeking treatment for a condition that meets the emergent or urgent criteria noted above. I understand and accept the additional risk of contracting COVID-19 from contact at this office. I also acknowledge that I could contract the COVID-19 virus from outside this office and unrelated to my visit here.

I have read and understand the information stated above:

Signature

Date

Witness