

Feels Like Family Dentistry COVID-19 Statement and Consent Form

As our state begins to re-open following the COVID-19 virus pandemic, Feels Like Family Dentistry is committed to providing a safe environment for our patients to begin receiving routine dental care again.

Infection control has always been a top priority for our practice. Our office follows infection control recommendations made by the American Dental Association (ADA), the U.S. Centers for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA). We follow the activities of these agencies so that we are up-to-date on any new rulings or guidance that may be issued. We do this to make sure that our infection control procedures are current and adhere to each agency's recommendations.

At this time, we are taking extra precautions to help stop the spread of the COVID-19 virus. These changes are for the protection of our patients, staff, and community, and we appreciate your help in following these protocols. For example:

- All patients will be screened for COVID-19 symptoms, either verbally or by questionnaire, when confirming their appointment. You will be screened again and have your temperature taken at check-in. Any patient with possible symptoms or a temperature of 100.4°F will have their appointment rescheduled.
- To allow for social distancing, our waiting room will be closed. Patients will wait in their cars to be checked in and screened by our staff.
- Hand sanitizer will be available as soon as you enter the office.
- Clinical staff will be using extra equipment, such as rubber dams and isolation systems, to reduce aerosols that could carry the virus. Additional personal protective equipment (PPE) will be used, including N95 masks and face shields.
- Only ONE person may accompany a patient into the office for their appointment.
- As always, clinical areas are cleaned meticulously between patients. Non-clinical area surfaces will be sanitized frequently.

We sincerely thank you for your patience as we implement these changes. We are doing our best to minimize the risks so that you can receive the dental care you need. We will be happy to answer any questions you may have about the steps we are taking to ensure the safety of all our patients.

I _____ (print name) have received the Feels Like Family Dentistry COVID-19 Statement and Consent Form and have had all my questions answered. I am satisfied with the safety and infection control standards implemented, and if I am not satisfied, I will defer scheduling treatment until I feel that the risk of contracting COVID-19 has passed. I understand that deferring dental treatment may result in the worsening of dental problems.

Signature of Patient or Guardian

Date