

COVID-19 OUTBREAK INTAKE CONSENT FORM

Your health and safety is our top priority. In response to the COVID-19 pandemic caused by the Coronavirus, at this time, we are currently only treating cases classified as urgent or emergency for the relief of pain and management of infection. All other non-urgent cases will be scheduled at a later date. Additionally, we are adhering to precautions outlined by the Center for Disease Control (CDC) and the Washington State Department of Health.

A weak or compromised immune system (including, but not limited to, diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition), can put you at greater risk for contracting COVID-19 and may result in the need to consider rescheduling treatment.

Do you currently have or in the past 30 days had: Current Temperature _____

- Fever or above normal temperature..... Yes No
- Dry Cough Yes No
- Difficulty breathing Yes No
- Flu-like symptoms Yes No

Within the past 30 days have you:

- Been in contact with anyone diagnosed with or suspected to have COVID-19..... Yes No
- Tested positive for COVID-19 or been tested and are awaiting results Yes No
- Been on a cruise or been in contact with someone who has been on a cruise Yes No
- Traveled out of the country Yes No
- Traveled within the United States by air, bus, or train Yes No
- Been in contact with someone who has traveled out of the countryYes No

Do you think treatment of your current dental condition can be delayed 3 months Yes No

We want to assure you that the health and safety of our patients and staff members is our top priority. At our office we continue to use Universal Precautions along with WISHA and CDC infection control protocols and standards, and we are trained to prevent the spread of infectious diseases such as the flu, HIV, hepatitis, and tuberculosis. These precautions that we take every day will also help prevent the spread of Coronavirus.

The Coronavirus has a long incubation period. You or your healthcare providers may have the virus and not show symptoms and yet still be highly contagious. You are seeking dental care to address an urgent or emergency dental condition during the events of a National Emergency caused by the COVID-19 Pandemic. While we have taken additional precautions which enhance our safe treatment environment and further minimize the possibility of exposure, an increased possibility of transmission exists simply by being out in public, including a dental healthcare facility.

Patient's (or Legal Guardian's) Name: _____

Patient's (or Legal Guardian's) Signature: _____ Date: _____