



## Elite Dental Implant Center

1720 E. Los Angeles Ave #224

Simi Valley, CA 93065

805-581-0144

### **Important COVID-19 Patient Updates**

As the COVID-19 pandemic spreads, the world around us is changing rapidly. During these difficult and uncertain times, we would like our patients to know that we are committed to the health and safety of our patients and staff. In light of these circumstances, we have undertaken several enhancements and modifications to our scheduling and treatment protocols in order to provide the highest service. While there is no way we can promise or guarantee that the risk of contracting COVID-19 from the dental office will be reduced to zero, we are taking many precautions because your health is our priority. Some of the modified protocols include:

- **Screening ALL patients for COVID-19 exposure prior to performing any treatment.**
- **Installing High Efficiency Particulate Air (HEPA) filtration units in the reception area and treatment rooms** to filter the office air.
- **Increased disinfection of the reception area**, including disinfecting common things a patient may contact such as pens, door handles, counters, and upholstery
- **Obtaining temperature checks on patients prior to treatment.**
- **Using dental barriers and protocols to reduce aerosol during treatment.**
- Removal of magazines and other items from the reception area to reduce patient contact.
- Enhanced PPE for our staff and enhanced disinfection and sterilization of the operatories and instruments



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### COVID-19 Pandemic Dental Treatment Consent Form

I, [REDACTED], knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. This patient disclosure form seeks information from you that we must consider before making treatment decisions in the circumstance of the COVID-19 virus.

A weak or compromised immune system (including, but not limited to, conditions like 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. Please disclose to us any condition that compromises your immune system and understand that we may ask you to consider rescheduling treatment after discussing any such conditions with us.

It is also important that you disclose to this office any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with the COVID-19 virus.

	Yes	No
Have you had <b>any</b> of the following symptoms in the past 2 weeks: <b>cough, fever, runny nose, sneezing, shortness of breath, sore throat, or any cold/flu like symptoms?</b>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in contact with anybody with any of the conditions above in the past 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled in the past 2 weeks ( <b>airplane, ship, train, bus, metro, etc.</b> ) or been in contact with somebody who has traveled in the past 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
Have you <b>tested positive</b> for COVID-19 or been around someone that tested positive?	<input type="checkbox"/>	<input type="checkbox"/>

Are you <b>awaiting results</b> of a recent COVID-19 test?	<input type="checkbox"/>	<input type="checkbox"/>
Do you believe you have <b>come in contact</b> with someone having COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>

I understand the Centers for Disease Control and Prevention (CDC) recommend social distancing of at least 6 feet, and this is not possible when performing dentistry.

I understand that dental procedures create water spray, which can aerosolize and spread the virus. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus.

I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office.

I understand that I have the option to reschedule my appointment without any penalty to a later date if I choose.

For the safety of the dental staff and patients, I consent to having my temperature checked with a temporal artery contactless thermometer prior to treatment.

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed to my provider any conditions in my health history which may result in a compromised immune system. By signing this document, I acknowledge that the answers I have provided above are true and accurate, and I knowingly and willingly consent to having dental treatment completed during the COVID-19 pandemic.

Patient Signature  Date

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_