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Consent for Treatment During COVID-19 Pandemic

As you are aware, healthcare offices are experiencing unprecedented changes and demand associated with the COVID-19 pandemic. Brewster Family Dental has implemented a variety of safety measures in an effort to protect its patients and employees. These measures include, but are not limited to, strict adherence to rules and guidelines implemented by the Centers for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA), in addition to various best practices related to personal protective equipment and exposure control.

However, despite these best efforts, nothing can eliminate the risk of exposure to COVID-19 entirely. By signing this consent, you understand this risk exists and shall hold the dental practice where you receive treatment harmless from any COVID-19 related allegations. You further agree, taking into consideration this risk, to proceed with your prescribed dental procedure (s).

Patient Name: _____ 

Patient Signature: _____ 

Date: _____ 

COVID-19 Patient Screening Tool

(Patient Name)

(Account Number)

	YES	NO
1) Have you traveled to internationally in the last 14 days? • If Yes, where?		
2) Have you been diagnosed with or suspected of having COVID-19?		
3) Do you live with someone who has been diagnosed with or under investigation for COVID-19?		
4) Have you been in close contact with another person who has been diagnosed with or under investigation for COVID-19?		
5) Do you have a cough, fever* or shortness of breath (difficulty breathing)? *Recommend temperature be taken to confirm either way Temp: _____ • If Yes, what symptoms are they exhibiting?		
Method of Screening (Please Check the Appropriate Box Below): <input type="checkbox"/> In Person <input type="checkbox"/> By Phone	N/A	N/A
INSTRUCTIONS: For patients who respond "yes" to any of these questions: • Cancel their appointment • Instruct them to contact their primary physician or public health department as soon as possible to determine if they should be seen or tested. • If they are showing symptoms of a fever, cough, shortness of breath: o Give them a mask; o Advise them to contact their primary physician or public health department as soon as possible. Before they go to a doctor's office or emergency room, call ahead and tell them about their recent travel and symptoms; o Avoid contact with others; o Instruct them to cover their mouth and nose with a tissue or their sleeve (not their hands) when coughing or sneezing. o Instruct them to wash hands often with soap and water for 15-20 seconds. Use an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available.		
Notes:	N/A	N/A

*Scan the completed form into the patient's dental record

IMPORTANT - If this tool is used to screen a patient by phone prior to their arrival, please remind the patient of the following: Should they experience any signs of an illness before their appointment (i.e. fever, cough, or shortness of breath), they must call the office prior to coming to the office.

★ _____
(Name & Title of Person Completing Form)

(Date)

References: American Dental Association (ADA) & CDC 3/26/20