



FOR OFFICE USE ONLY:
Arrived: _____
Vehicle: _____

In accordance with the guidelines set forth by the CDC, please complete this survey:

	YES	NO
Do you/they have a fever or have you/they felt hot or feverish recently (14-21 days)?		
Are you/they having shortness of breath or other difficulties breathing?		
Do you/they have a cough?		
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?		
Have you/they experienced recent loss of taste or smell?		
Are you/they in contact with any confirmed COVID-19 positive patients? <i>Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.</i>		
Is your/their age group over 60?		
Do you/they have heart disease, kidney disease, diabetes or any auto-immune disorders?		
Have you/they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location).		
I acknowledge that the answers to the above questions are true and accurate.		

Patient Name

Parent/Legal Guardian (please print) Phone Number

Parent Signature Date

COVID-19 PANDEMIC DENTAL TREATMENT NOTICE AND
ACKNOWLEDGEMENT OF RISK FORM

Our goal is to provide a safe environment for our patients, visitors and staff, and to advance the safety of our local community. This notice provides information we ask you to read and acknowledge about the COVID-19 virus.

- COVID-19 is a serious and highly contagious virus
- You can contract COVID-19 from a variety of sources
- COVID-19 virus has a long incubation period
- Any of us may have the virus and not show symptoms, but still be highly contagious
- Determining who is infected by COVID-19 is challenging and complicated because of limited availability for virus testing
- All dentists and our office staff self-report to be screened daily as each reports for work
- There is no guarantee for transmission prevention of COVID-19 during an office visit

Our office wants to be sure that you are aware of the additional risks of contracting COVID-19 when receiving dental care. We have also increased our typical thorough infection control protocols but there is no guarantee of transmission prevention.

Pursuant to the guidance of (a) the Center for Disease Control (CDC), (b) the American Dental Association (ADA), (c) the Minnesota Dental Association, the Minnesota Board of Dentistry, and (d) Executive Orders 20-01 and 20-33 issued by Governor Walz, non-essential or elective dental treatments, based on the assessment of our dentists and on a case by case basis, will be undertaken to eliminate “pain, swelling, trauma or abscess.” For children who need fillings and other work done on their teeth, during this CoVid19 restricted period, absent unusual circumstances, we will only allow children into the treatment room.

We continue to abide by the standard cleaning and disinfection protocols set forth by OSHA, but have added additional precautions as provided by the CDC and the Board of Dentistry. This includes new office protocols and PPE (Personal Protection Equipment) such as: isolation gowns, face shields, head protection (surgical caps), shoe coverings and N95 masks. As such, you may see an additional code applied to your account (D1999) in the amount of \$10.00. Every effort will be made to send this to your insurance, when applicable. However, any uninsurable balances will be billed to the patient.

ACKNOWLEDGEMENT OF RISK

I confirm that I have read the above Notice and acknowledge that there is an increased risk of exposure to COVID-19 virus while I or my family member is receiving dental care at K.O.A.L.A. Dental Care.

Patient Name

Parent/Legal Guardian (please print)

Relationship to Patient

Parent/Guardian Signature

Date