



MINNEHAHA FALLS
FAMILY DENTAL
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COVID-19 PANDEMIC - PATIENT DISCLOSURES AND CONSENT FORM

Our goal is to provide a safe environment for our patients and staff, and to advance the safety of our local community. 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.

This disclosure form is also to inform you of the risks related to COVID-19 virus at our dental office. Determining who is infected by COVID-19 is challenging and complicated due to limited availability for virus testing. COVID-19 is a highly contagious virus; it's spread by contact and also can be spread by aerosols from saliva. Most infections are without symptoms. Even with our additional safety measures: broad engineering controls, comprehensive staff training, HVAC equipment installations, HEPA filtration in every operatory, high velocity evacuation for preventative appointments, extensive personal protective equipment and daily screening protocols for both staff and patients, we cannot guarantee these safety measures are enough to prevent the transmission of COVID-19.

It is 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 14 days before or after your dental appointment.

By signing, I acknowledge that I have been given an opportunity to ask questions and all questions were answered prior to the start of the appointment.

I have read and understand the above information. I am electing to proceed with my elective dental care.