

COVID-19 Pandemic Non-Emergency Dental Treatment Notice and Acknowledgement of Risk Form

The safety of our patients, staff and local community has always our first priority at Spring Creek Dental. This document provides information we ask you to acknowledge and understand regarding the COVID-19 Pandemic.

COVID-19 is caused by a highly contagious coronavirus called SARS-CoV-2. The World Health Organization has classified it as a pandemic. The virus that causes COVID-19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spring Creek Dental wants to ensure you are aware of the additional risks of contracting COVID-19 associated with dental care.

Spring Creek Dental follows the most current COVID-19 infection prevention and control recommendations made by the American Dental Association (ADA), the U.S. Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA).

Our entire team has completed additional training in the CDC's Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response as well as a Respiratory Protection Program designed specifically for Spring Creek Dental.

We have invested in technology such as ancillary high-speed evacuation equipment and non-chemical air disinfection units to reduce and eliminate potentially harmful aerosols.

Despite our strict adherence to the most up to date guidelines for the prevention of COVID-19, due to the characteristics of the virus, and the nature of dental procedures, there is an elevated risk of you contracting the virus simply by being in a dental office. Dental procedures create water spray which is one way the disease is spread. The ultra-fine nature of the water spray can linger in the air for a long time, allowing for transmission of the SARS-CoV-2 virus to those nearby. Further complicating matters, determining who is infected with the virus is challenging as some may not show symptoms but still be highly contagious.

I confirm that I have read the Notice above and understand and accept that there is increased risk of contracting the SARS-CoV-2 virus and potentially developing COVID-19 in the dental office or with dental treatment. I understand and accept the additional risk of contracting COVID-19 from contact at this office. I also acknowledge that I could contract the SARS-CoV-2 virus from outside this office and unrelated to my visit here.

I have read and understand the information stated above:

Patient Name: _____ Date: _____

Patient Signature: _____