

Informed Consent for Dental Care During Coronavirus (COVID-19) Pandemic

Your dental health is our top priority, and we will do everything that we can to provide you with the best dental care. However, considering the coronavirus (COVID-19) pandemic facing our nation, we must also focus on the overall well-being and health of you, our team, others in the community, and society as a whole by avoiding any higher risk situations than absolutely necessary at the present time.

We ask that you help us minimize the transmission of infectious disease in our office by agreeing to adhere to the following guidelines and/or recommendations in accordance with the state and/or federal agencies (American Dental Association (ADA), Center for Disease Control (CDC), Colorado Dental Association (CDA), Colorado Department of Public Health and Environment (CDPHE), Colorado Department of Regulatory Agencies (DORA), World Health Organization (WHO)).

1. We are implementing a virtual waiting room. Please call or text our office once you have arrived for your appointment and remain in your vehicle or outside the building until we notify you that your treatment room is ready.
2. Public Health order is requiring all patients and visitors wear a face covering upon entry into our building.
3. It will be required that you agree to have your temperature taken with a non-contact digital thermometer upon your arrival to our office.
4. You will be required to wash your hands both **BEFORE** and **AFTER** your appointment.
5. You will be required to wash and/or “sanitize” your hands before using any writing utensils needed to complete any documents that may require your signature.
6. You will be required to use a disinfectant mouthwash prior to and potentially at various times throughout your appointment in order to help minimize microbial (e.g. viruses) aerosol from your saliva (spit).
7. A rubber dam and high-volume suction will be required to be used during your treatment to maximize isolation.
8. You may be required to reschedule your dental appointment if you have shown or show any signs and/or symptoms suggestive of influenza-like illness (ILI) to include but not limited to: **fever (100 F or higher), runny nose, cough, sore throat, muscle aches, difficulty breathing, shortness of breath, or if you are believed to be severely ill**
9. If you arrive early to your appointment, you will be required to wait in your vehicle until your appointment time.
10. All family members, friends, and/or escorts will be required to wait in their vehicle during your appointment.
11. If it is suspected that you have been infected by COVID-19 and/or have been in close proximity and/or contact with someone known to be infected by COVID-19 and treatment is deemed necessary, you will be required to wear a mask at all times in our office that you are not undergoing treatment.
12. You will be required to practice “social distancing” by attempting to maintain a space between yourself and team members of at least six feet at all times and refrain from physical contact (e.g. handshaking) with the exception of time spent on evaluation, diagnoses, and/or treatment.
13. You will be required to complete a questionnaire / survey in which your responses will dictate your qualification or disqualification to be seen in our office for evaluation and/or treatment at this time.

_____ **I understand that House Family Dental can cancel, reschedule, or terminate my appointment at any time, without consequence, if any doctor or team member at House Family Dental feel it may negatively impact my overall health, the overall health of any dental team members, or the overall health of society at large.**

After reading and reviewing all of the above, I understand the risks associated with the coronavirus (COVID-19) pandemic, and specifically understand that by visiting this office and specifically being treated in this office, I may put myself at higher risk for and/or contribute to the spread of coronavirus (COVID-19) either to myself from others or to others by me. I agree and consent to all of the above and would like to proceed with my appointment at House Family Dental.

_____ **Patient or Guardian Signature**

_____ **Date**