**COVID-19 Pandemic Dental Screening and Treatment Acknowledgement of Risk Form**

COVID-19 (the Coronavirus) is a global pandemic. At Eggert Family Dentistry, our goal is to provide a safe environment for our patients and staff, and to advance the health of our community. This document provides information we ask you to acknowledge and understand regarding the COVID-19 virus.

Due to the presence of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, there is an elevated risk of contracting the virus simply by being in a dental office. You cannot wear a mask to prevent infection while undergoing dental care. The health and safety of our patients and team has always been one of our highest priorities, and we will continue to follow all standard precautions for infection control. In addition, the following enhanced safety measures will be in effect until further notice:

* All patients are asked to **wait in their cars** upon arrival to our office. Please text us at 651-482-8412 to let us know when you are here.
* We will come get you from your car and escort you into our office. We will take your temperature, open all doors for you and will usher you directly into a treatment room after a visit to the hand sanitizing station.
* We will help you exit the practice and our building in the same manner, using gloved hands to open the doors for you.
* ***Please note*:** in an effort to keep our office environment as safe as possible for both our patients and our team, our front desk, reception area, coffee station, and restroom will be closed until further notice. We will also be collecting your credit card information at the time of scheduling in order to eliminate the need for contact.

**COVID-19 pre-appointment screening. Today’s Temperature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please answer YES or NO to all:**

**YES NO**

  Have you traveled outside of Minnesota in the past 14 days?

Are you currently experiencing any of the following symptoms?

  Shortness of breath or trouble breathing

  Cough

  Runny nose

  Sore throat

  Body aches or fatigue

  Loss or reduction in sense of smell and/or taste

  Have you previously tested positive for COVID-19, or have you been tested for COVID-19 and are awaiting results?

  Have you been in close contact with another person who has been diagnosed with COVID-19 or who has become ill?

Do you have any of the following conditions?

  High blood pressure

  High cholesterol

  Heart, lung, or liver disease

  Diabetes

  Asthma or COPD

  Are you immunocompromised: chemotherapy, HIV/AIDS, organ transplant, pregnancy, or prolonged steroid use?

  Are you over 70 years old?

**If you answered “YES” to any questions, please add details here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I confirm that I have read the Notice above and understand and accept that there is an increased risk of contracting the COVID-19 virus in the dental office during the time of the pandemic. I understand and accept the additional risk of contracting COVID-19 at this time. I also acknowledge that I could contract the COVID-19 virus outside of this office in circumstances unrelated to my visit here. I acknowledge the above information is correct and truthful. I have read and understand the information stated above:

Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_