

Eggert Family Dentistry

www.eggertfamilydentistry.com

Suite 120 700 Village Center Drive

North Oaks, MN 55127 651-482-8412

Elizabeth C. Eggert DDS • Jeffrey M. Eggert DDS

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 in a medical facility like a dental office. 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. We will continue the following enhanced safety measures in accordance with guidance from the CDC:

- All patients are asked to **continue to wear a mask** in our facility until undergoing dental treatment.
- All patients are **still able** 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.
- Patients that would prefer to come to our reception area are now welcome to do so, but **please do not enter the reception area until 5 minutes prior to appointment time.**
- Before bringing you to your treatment room, we will visit the hand sanitizing station.
- **Please note:** in an effort to keep our office environment as safe as possible for both our patients and our team, the coffee station and restroom will continue to be closed until further notice.

COVID-19 pre-appointment screening. Please answer YES or NO to all:

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you recently tested positive for COVID-19, or have you been tested for COVID-19 and are awaiting results? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been in close contact with another person who currently is COVID-19 positive? |

Are you currently experiencing any of the following symptoms?

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath or trouble breathing |
| <input type="checkbox"/> | <input type="checkbox"/> | Cough |
| <input type="checkbox"/> | <input type="checkbox"/> | Body aches or fatigue |
| <input type="checkbox"/> | <input type="checkbox"/> | Loss or reduction in sense of smell and/or taste |

Please also note that if you have **any of the following uncontrolled conditions:** high blood pressure; high cholesterol; heart, lung, or liver disease; diabetes, asthma or COPD; are immunocompromised; or are over 70 years old, you may be at higher risk of contracting COVID-19.

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 a medical facility at this time. 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 _____