

Pandemic Consent Form for **Dental Creations, LLC**.

The World Health Organization (WHO) has declared a pandemic due to the COVID-19 virus. It is our duty to inform you of our position in this declaration and for us to know your position in continuing dental treatment.

Our position is not to abandon the needs of our community during this dynamic environment. We will be closely monitoring the guidelines from the New Jersey Board of Dentistry on a daily basis. As part of the New Jersey Department of Health, they are our governing body with the purpose of protecting your health. Currently, they are allowing us to stay open to serve your emergency dental needs.

Also, our position is not to spread the virus to the general population. We will do all we can to prevent infected persons from entering our facility and will only treat those who have no signs or symptoms to the virus. We will be following the CDC recommendations for personal protection and will be asking you to properly wash your hands upon entry and exiting our building. Until you wash your hands, please do not touch anything other than door knobs when entering the building.

If your dental conditions are preventive or cosmetic, we ask you to postpone scheduling until the pandemic has resided. We only wish to schedule treatment for those conditions which are causing pain, discomfort, or will worsen when left untreated. These are considered urgent dental needs. **Dental Creations, LLC** is a leader in the treatment of dental conditions that are related to systemic health of our patients. The patient's overall health will be taken in consideration when determining the urgency of dental treatment.

We always use universal precautions as outlined by OSHA and the New Jersey Board of Dentistry while treating patients. In addition to the standard universal precautions.

By signing this document, you agree for treatment under this pandemic and accept the risk of contracting the virus at our facility. You acknowledge the following: You were given the option of Teledentistry to evaluate your condition. You do not have fever, cough, shortness of breath and/or difficulty breathing. You have not traveled to any location that has had a Level 3 Travel Health Notice for COVID-19 in the past 14 days. You have not been in close contact with a person confirmed to have COVID-19. You also acknowledge, if contracted, it will be possible for you to spread the virus to others. You also acknowledge, illness is likely to follow with a small chance of death resulting.

Patient Signature _____ Date: _____