

~~The Smile~~ SPA of North Jersey, LLC  
759 Lafayette Ave  
Hawthorne, NJ  
07506

### Dental Patient Consent Form

The patient, \_\_\_\_\_, will hold harmless and indemnify, the doctor, practice, associates, employees, successors, assigns, legal representatives, organizers, sponsors, and supervisors, against any claims, and actions, in exchange for dental treatment during the events of COVID-19 National Emergency from the period of time \_\_\_\_\_ to \_\_\_\_\_.

"You are receiving dental care during the events of a COVID-19 National Emergency. Please be advised that there may be risks in being in the proximity of dentists, patients and staff. We are taking precautions to limit the spread of disease, yet there is still a possibility of transmission."

#### Acknowledgement

I, \_\_\_\_\_, make this decision of my own free will relying upon my knowledge and judgment of any injury I may have sustained or possible transmission of COVID-19 during treatment and my decision to release has not been affected by any false statements or representations pertaining to those injuries. I understand that this action is just a business decision and agree this represents a compromise between the patient and the doctor. Accordingly, this agreement is not an admission of any liability regarding the doctor, practice, associates, employees, successors, assigns, legal representatives, organizers, sponsors, and supervisors, against any claims, and actions. I have carefully read this release and understand its contents, and I am signing it of my own free act.

#### Patient/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Treating Dentist

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### COVID-19 Pandemic Emergency Dental Treatment Consent Form

I, \_\_\_\_\_, knowingly and willingly consent to have emergency dental treatment completed during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing. Dental procedures create water spray which is how the disease is spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus.

- I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of the dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office. \_\_\_\_\_ (Initial)
- I have been made aware of the CDC, ODA, and ADA guidelines that under the current pandemic all non-urgent dental care is not recommended. Dental visits should be limited to the treatment of pain, infection, conditions that significantly inhibit normal operation of teeth and mouth, and issues that may cause anything listed above within the next 3-6 months. \_\_\_\_\_ (Initial)
- I confirm that I am seeking treatment for a condition that meets these criteria. \_\_\_\_\_ (Initial)

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:  
\_\_\_\_\_ (Initial)

- Fever
- Shortness of breath
- Dry cough
- Runny nose
- Sore throat

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. In addition, the CDC recommends social distancing of at least 6-feet for a period of 14 days to anyone who has, and this is not possible with dentistry. \_\_\_\_\_ (Initial)

I verify that I have not traveled outside the United States in the past 14-days to countries that have been affected by COVID-19. \_\_\_\_\_ (Initial)

I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14-days. \_\_\_\_\_ (Initial)

Patient/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Patient Advisory and Acknowledgment

## Receiving Dental Treatment During the COVID-19 Pandemic

Dear Patient:

You have come to our office today for a routine dental evaluation and/or treatment that will be done during the COVID-19 pandemic. Please be advised of the following:

While our office complies with State Health Department and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees.

Our staff are symptom-free and, to the best of their knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge.

In order to reduce the risk of spreading COVID-19, we have asked you a number of "screening" questions below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

.....  
PATIENT/RESPONSIBLE PARTY

.....  
DATE

**PLEASE ANSWER "YES" OR "NO" WITH YOUR INITIALS TO THE FOLLOWING QUESTIONS:**

- HAVE YOU BEEN DIAGNOSED POSITIVE FOR THE COVID-19 VIRUS AT ANY TIME? ..... YES ..... NO
- ARE YOU CURRENTLY AWAITING THE RESULTS OF A COVID-19 TEST? ..... YES ..... NO
- HAVE YOU BEEN EXPOSED TO ANYONE WHO HAS BEEN DIAGNOSED WITH COVID-19 IN THE PAST 21 DAYS? ..... YES ..... NO
- DO YOU HAVE A FEVER? ..... YES ..... NO
- DO YOU HAVE ANY SHORTNESS OF BREATH? ..... YES ..... NO
- DO YOU HAVE A DRY COUGH? ..... YES ..... NO
- DO YOU HAVE A RUNNY NOSE? ..... YES ..... NO
- DO YOU HAVE A SORE THROAT? ..... YES ..... NO
- DO YOU HAVE SNEEZING, WATERY EYES, AND/OR SINUS PAIN/PRESSURE THAT IS UNUSUAL AND NOT RELATED TO SEASONAL ALLERGIES? ..... YES ..... NO
- HAVE YOU EXPERIENCED HEADACHES, FATIGUE, OR WEAKNESS? ..... YES ..... NO
- HAVE YOU LOST YOUR SENSE OF TASTE AND/OR SMELL? ..... YES ..... NO
- HAVE YOU VISITED OR RECEIVED TREATMENT IN A HOSPITAL, LONG-TERM CARE FACILITY, OR OTHER HEALTH CARE FACILITY IN THE PAST 30 DAYS? ..... YES ..... NO
- ARE YOU OR ANYONE IN YOUR HOUSEHOLD A HEALTH CARE PROVIDER OR EMERGENCY RESPONDER? ..... YES ..... NO
- WITHIN THE LAST 21 DAYS, HAVE YOU TRAVELLED WITHIN THE UNITED STATES OR TO ANY FOREIGN COUNTRY? ..... YES ..... NO

IF SO, WHERE? .....