

Dear Patient:

We hope this letter finds you and your family in good health. Our community has been through a lot over the last few months, and all of us are looking forward to resuming our normal habits and routines. While many things have changed, one thing has remained the same: our commitment to your safety.

Infection control has always been a top priority for our practice and you may have seen this during your visits to our office. Our infection control processes are made so that when you receive care, it's both safe and comfortable. We want to tell you about the infection control procedures we follow in our practice to keep patients and staff safe.

Our office follows infection control recommendations made by the American Dental Association (ADA), the U.S. Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA). We follow the activities of these agencies so that we are up-to-date on any new rulings or guidance that may be issued. We do this to make sure that our infection control procedures are current and adhere to each agencies' recommendations.

You may see some changes when it is time for your next appointment. We made these changes to help protect our patients and staff. For example:

- Our office will communicate with you beforehand to ask some screening questions. You'll be asked those same questions again when you are in the office.
- We have hand sanitizer that we will ask you to use when you enter the office. We also ask our patients to wear masks to the appointments.
- As standard of care during this time your temperature will be taken when you check in before proceeding with dental appointment.
- When you are in the treatment room, you'll be asked to rinse with 1% hydrogen peroxide before any procedure.
- Appointments will be managed to allow for social distancing between patients. Upon arrival we ask you to call or text us, and remain in the vehicle until your room is prepared. Our staff will notify you for check-in.
- We ask all companions need to wait in personal vehicle or outside the dental office.

We look forward to seeing you again and are happy to answer any questions you may have about the steps we take to keep you, and every patient, safe in our practice. To make an appointment, please call our office at 972-820-6050 or visit our website at [www.Abbieannadental.com](http://www.Abbieannadental.com)

Thank you for being our patient. We value your trust and loyalty and look forward to welcoming back our patients, neighbors and friends.

Sincerely,

Abbie Anna Dental and Staff

## COVID-19 PANDEMIC - PATIENT DISCLOSURES

This patient disclosure form seeks information from you that we must consider before making treatment decisions in the circumstance of the COVID-19 virus.

A weak or compromised immune system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition), can put you at greater risk for contracting COVID-19. Please disclose to us any condition that compromises your immune system and understand that we may ask you to consider rescheduling treatment after discussing any such conditions with us.

It is also important that you disclose to this office any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with the COVID-19 virus.

	<b>Yes</b>	<b>No</b>
Do you have a fever or above normal temperature?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced shortness of breath or had trouble breathing?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a dry cough?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a runny nose?	<input type="checkbox"/>	<input type="checkbox"/>
Have you recently lost or had a reduction in your sense of smell?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in contact with someone who has tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been tested for COVID-19 and are awaiting results?	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled outside the United States by air or cruise ship in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled within the United States by air, bus or train within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed to my provider any conditions in my health history which may result in a compromised immune system.

By signing this document, I acknowledge that the answers I have provided above are true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

# **COVID-19 PANDEMIC EMERGENCY DENTAL TREATMENT**

## **NOTICE AND ACKNOWLEDGEMENT OF RISK FORM**

Our goal is to provide a safe environment for our patients and staff, and to advance the safety of our local community. This document provides information we ask you to acknowledge and understand regarding the COVID-19 virus.

The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. Our practice wants to ensure you are aware of the additional risks of contracting COVID-19 associated with dental care.

The COVID-19 virus has a long incubation period. You or your healthcare providers may have the virus and not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated due to limited availability for virus testing.

Due to the frequency and timing of visits by other dental patients, the characteristics of the virus, and the characteristics of dental procedures, there is an elevated risk of you contracting the virus simply by being in a dental office.

Dental procedures create water spray which is one way the disease is spread. The ultra-fine nature of the water spray can linger in the air for a long time, allowing for transmission of the COVID-19 virus to those nearby.

You cannot wear a protective mask over your mouth to prevent infection during treatment as your health care providers need access to your mouth to render care. This leaves you vulnerable to COVID-19 transmission while receiving dental treatment.

Pursuant to statements from the Center for Disease Control (CDC) and the American Dental Association (ADA), non-essential or elective treatment, based on the assessment of our staff, will be rescheduled. According to the ADA, dental emergencies are “potentially life threatening and require immediate treatment to stop ongoing tissue bleeding [or to] alleviate severe pain or infection.” The ADA also recommends that urgent dental care which “focuses on the management of conditions that require immediate attention to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments” be provided in as minimally invasive a manner as possible.

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 or with dental treatment. I further confirm I am seeking treatment for a condition that meets the emergent or urgent criteria noted above. I understand and accept the additional risk of contracting COVID-19 from contact at this office. I also acknowledge that I could contract the COVID-19 virus from outside this office and unrelated to my visit here.

I have read and understand the information stated above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**PANDEMIA DE CORONAVIRUS (COVID-19)**  
**TRATAMIENTO ODONTOLÓGICO DE URGENCIA**  
**AVISO Y ACEPTACIÓN DEL FORMULARIO DE RIESGOS**

Nuestro objetivo es ofrecer un entorno seguro para nuestros pacientes y nuestro personal, además de reforzar la seguridad de nuestra comunidad local. Este documento brinda información que usted debe conocer sobre el virus de la COVID-19.

COVID-19 es una enfermedad grave y altamente contagiosa. La Organización Mundial de la Salud la ha clasificado como "pandemia". Puede contraer COVID-19 por distintos motivos. Este consultorio quiere asegurarse de que conozca los riesgos adicionales de contraer COVID-19 derivados del tratamiento odontológico.

El virus de la COVID-19 tiene un largo período de incubación. Usted o sus proveedores de atención médica podrían tener el virus y no manifestar signos, lo cual no implica que no sean altamente contagiosos. Es difícil determinar quién está infectado por el virus de la COVID-19 debido a la baja disponibilidad del análisis de detección.

Debido a la frecuencia y el momento de las consultas odontológicas de los demás pacientes, las características del virus y de los tratamientos odontológicos, existe un riesgo elevado de contraer el virus simplemente por estar en el consultorio odontológico.

Durante los tratamientos odontológicos, se emiten gotas de agua, que son una de las formas en que se propaga la enfermedad. Como las gotas de agua son ultrafinas, pueden permanecer en el aire durante mucho tiempo, lo que permite la transmisión del virus de la COVID-19 a las personas que se encuentran cerca.

No puede usar un barbijo para prevenir infecciones durante el tratamiento porque los proveedores de atención médica deben trabajar dentro de la boca para brindarle atención. Esto lo expone a un riesgo de contagio de COVID-19 durante el tratamiento odontológico.

Según las declaraciones de los Centros para el Control y la Prevención de Enfermedades de los EE. UU. (CDC) y la Asociación Odontológica Estadounidense (ADA), se reprogramará el tratamiento no esencial o electivo en función de lo que determine nuestro personal. De acuerdo con la ADA, las urgencias odontológicas son aquellas que son "potencialmente mortales y requieren tratamiento de inmediato para detener una hemorragia en curso [o] aliviar el dolor o una infección grave". La ADA también recomienda que se brinde atención odontológica urgente que "se centre en el tratamiento de afecciones que requieren atención inmediata para aliviar el dolor intenso o disminuir el riesgo de infección, y para disminuir la carga asistencial en los servicios de urgencia de los hospitales" de la manera más eficiente posible.

Confirmando que he leído la información que figura anteriormente y que entiendo y acepto que existe un mayor riesgo de contraer COVID-19 en el consultorio odontológico o durante un tratamiento odontológico. Asimismo, confirmo que necesito tratamiento por una afección que cumple con los criterios de emergencia o urgencia mencionados anteriormente. Entiendo y acepto el riesgo adicional de contraer COVID-19 por estar en este consultorio. También reconozco que podría contraer COVID-19 fuera de este consultorio y de forma no relacionada con mi consulta.

He leído y comprendo la información mencionada anteriormente:

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Testigo

## **PANDEMIA DE COVID-19 (CORONAVIRUS)**

### **DIVULGACIÓN DE ENFERMEDADES DEL PACIENTE**

En vistas de la pandemia de COVID-19, este formulario de divulgación de enfermedades del paciente busca obtener información sobre usted que debemos contemplar antes de tomar decisiones sobre su tratamiento.

Los pacientes inmunodeprimidos (incluidos, entre otros, los que tienen diabetes, asma o EPOC; que estén recibiendo tratamiento oncológico, radioterapia, quimioterapia; o que tengan alguna enfermedad o afección médica previa o actual) tienen un mayor riesgo de contraer COVID-19. Infórmenos sobre cualquier que tenga que pueda influir sobre el sistema inmunitario, y tenga presente que podremos solicitarle que re programe el tratamiento después de revelarnos dicha afección.

También es importante que informe al consultorio cualquier indicio de haber estado expuesto a COVID-19 o si ha tenido algún signo o síntoma asociado con el virus.

	<b>Sí</b>	<b>No</b>
¿Tiene fiebre o temperatura superior a la normal?	<input type="checkbox"/>	<input type="checkbox"/>
¿Ha tenido dificultad para respirar o sentido que le falta el aire?	<input type="checkbox"/>	<input type="checkbox"/>
¿Tiene tos seca?	<input type="checkbox"/>	<input type="checkbox"/>
¿Tiene secreción nasal?	<input type="checkbox"/>	<input type="checkbox"/>
¿Ha perdido o le ha disminuido recientemente el sentido del olfato?	<input type="checkbox"/>	<input type="checkbox"/>
¿Le duele la garganta?	<input type="checkbox"/>	<input type="checkbox"/>
¿Ha estado en contacto con alguien que ha dado positivo por COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
¿Ha dado positivo por COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
¿Le han hecho el análisis de detección de COVID-19 y está esperando los resultados?	<input type="checkbox"/>	<input type="checkbox"/>
¿Ha viajado fuera de los Estados Unidos en avión o crucero en los últimos 14 días?	<input type="checkbox"/>	<input type="checkbox"/>
¿Ha viajado dentro de los Estados Unidos en avión, autobús o tren en los últimos 14 días?	<input type="checkbox"/>	<input type="checkbox"/>

Comprendo y acepto la información anterior, así como los riesgos y las precauciones relacionados con la inmunodeficiencia, y he informado a mi médico todos mis antecedentes médicos que puedan debilitar el sistema inmunitario.

Al firmar este documento, confirmo que las respuestas que brindé anteriormente son veraces y precisas.

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Testigo