



Our mission is to provide you with the absolute best dental care possible. In order to provide a safe environment for our patients and staff, we're requiring all individuals to complete a COVID-19 Screening Survey prior to their appointment. Please complete the survey found below. We appreciate your understanding and cooperation at this time.

**Treatment Consent:** Please be assured that our office has always met or exceeded the requirements set forth for sterilization and infection control from the CDC, and will continue to do so. However, it is possible to contract COVID-19 infection (or any other communicable disease) in any public space. Our office will provide for socially distant appointment scheduling, and also has added a number of new technologies and techniques to the practice to enhance our level of safety. However, due to the nature of dental treatment, a 6 foot distance is not possible between the patient and clinical staff/doctor. Re-entering public life comes with some risks that we all must weigh, but we also want you to feel confident that our office is taking every step to keep our patients and staff safe during this difficult time. Clicking "yes" below indicates that the risks involved are accepted, and that consent is given for treatment to be provided by Smile Design Associates.

**PPE (personal protective equipment) Fee:** There will be a \$10 PPE fee for each appointment. This fee will be collected at the end of your appointment.

**Patient Name :** \_\_\_\_\_

**1. I agree to the treatment consent detailed above**

- ☐ Yes, I agree.
- ☐ No, I would like to postpone dental treatment at this time.

**2. Have you experienced any of the following in the last 14 days?  
(check all that apply)**

- ☐ Fever (over 100.4 degrees)
- ☐ Coughing
- ☐ Shortness of breath or difficulty breathing
- ☐ Persistent pain, pressure, or tightening in the chest
- ☐ Loss of sense of smell or taste
- ☐ Travel by airplane or cruise ship

**3. Have you, a family member, or any known close contact had any of the following occur in the last 14 days? (check all that apply)**

- ☐ Diagnosis of COVID-19 or any other communicable disease
- ☐ Waiting on results for test of COVID-19 infection
- ☐ Symptomatic but unable to get tested for COVID-19

**4. If the answer to any of these questions changes prior to my appointment, I agree to notify Smile Design Associates as soon as possible. Also, if the answer is yes to any of the previous questions, I understand that I may be asked to reschedule my appointment.**

- ☐ Yes, I understand