

**COVID -19 EMERGENCY DENTAL TREATMENT
NOTICE & ACKNOWLEDGMENT OF RISK FORM
ORAL & MAXILLOFACIAL SURGERY, LTD.**

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. It has been classified 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 for contracting COVID-19 associated with dental and oral surgery care.

The COVID-19 virus has a long incubation period. You and 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 the virus testing.

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

Dental procedures create water spray which in 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 to access your mouth to render care. This leaves you vulnerable to COVID-19 transmission while receiving dental treatment.

Dental and oral surgery settings have unique characteristics that warrant specific infection control considerations. In addition to wearing gloves and surgical face masks, CDC and OSHA Guidance require dentistry and oral surgery workers to now wear gowns/lab jackets, eye protection (goggles or face shields) and disposable N95 or Kn95 face masks. We are taking added steps to screen each patient and their possible escort, a disinfecting mouthwash, hand wash, as well as added measures to disinfect all patient areas after each scheduled appointment.

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 an oral surgery office or with oral surgery treatment. I also acknowledge that I could contact 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 Signature