



2805 Alhambra Ave
Martinez CA, 94507
925.228.8330
www.harperortho.com

**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), nonessential 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:

Patient Name

Responsible Party Name

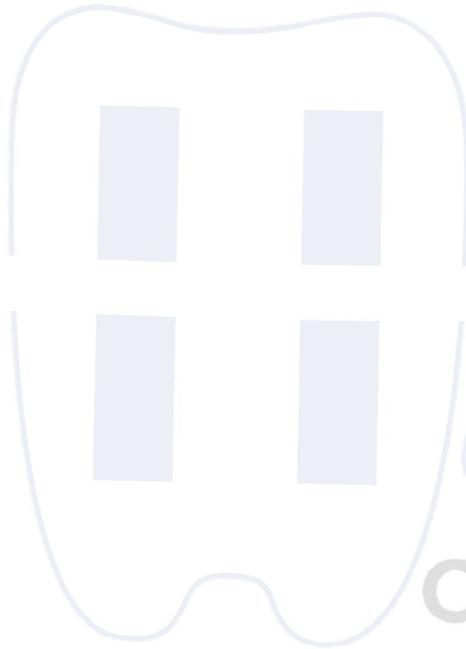
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Signature

Date



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