



## Patient Advisory and Acknowledgment Receiving Dental Treatment During the COVID-19 Pandemic

You have visited Carolina Pediatric Dentistry today for dental services during the COVID-19 pandemic. Please be advised of the following:

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 are considered an essential service and follow strict guidance from the North Carolina State Dental Board of Dental Examiners. Our team completes temperature and symptom checks three times daily, and attests, to the best of their knowledge, they have not been exposed to the virus. All uniforms are laundered on-site and shoes stay within the premises. We are minimizing the number of persons and interactions between persons at any one time in for best practices in risk mitigation. However, since we are a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge.

Please answer these screening questions to ensure the health and safety of your child, the children and families we serve, as well as our team at Carolina Pediatric Dentistry:

1. Unwell with ANY of the following symptoms: fever >100.4°F in the last 24-48 hours, dry cough, sore throat, difficulty breathing, runny nose, nausea/vomiting, diarrhea, loss of smell/taste, unexplained rash or headaches?
  - a. You (legal guardian)?  Yes  No
  - b. Your child?  Yes  No
  
2. Been in close contact\* with a symptomatic person or individual with confirmed Flu or Coronavirus infection, COVID-19?
  - a. You (legal guardian)?  Yes  No
  - b. Your child?  Yes  No

\*Close contact defined as being coughed/sneezed on, or within 6 feet of a symptomatic patient for more than a few minutes

**I understand** Carolina Pediatric Dentistry's efforts are intended to minimize spread of COVID-19. **I understand** my child and my own risk of exposure to the coronavirus cannot be eliminated when we leave the safety of our home. **I pledge to contact Carolina Pediatric Dentistry if my child or I develop symptoms consistent with COVID-19 or are confirmed positive to COVID-19 within the 48 hours following our visit.**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date