

**Bordentown Dental Arts**  
**Covid-19-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 weakened 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.

- |   |   |   |
|---|---|---|
| - Do you have a fever or above normal temperature?                            | Y | N |
| - Have you experienced shortness of breath or had trouble breathing           | Y | N |
| - Do you have a dry cough?  | Y | N |
| - Do you have a runny nose?   | Y | N |
| - Have you recently lost or had a reduction in your sense of smell?           | Y | N |
| - Do you have a sore throat?  | Y | N |
| - Have you been in contact with someone who has tested positive for COVID-19? | Y | N |
| - Have you been tested for COVID-19 and are waiting for results?              | Y | N |
| - Have you tested positive for COVID-19?                                      | Y | N |
| - Have you traveled outside the US in the past 14 days? if so where?          | Y | N |

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.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Temperature: \_\_\_\_\_

**BORDENTOWN DENTAL ARTS  
Dr. Mark Birnbaum**

**Patient Consent  
Dental Treatment in the Era of COVID-19**

**Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as “coronavirus”, at any time or in any place. Be assured that we continue to follow and exceed state and federal regulations as well as using recommended universal personal protective equipment (PPE) and disinfection protocols to limit transmission of all diseases in our office.**

**Despite our careful attention to sterilization, disinfection and the use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be exposed at your gym, grocery store or favorite restaurant. Nationwide social distancing has reduced the transmission of the coronavirus. We are sure you have noticed we have taken measures to enable social distancing, however, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, dental healthcare team members and sometimes other patients at all times.**

**Although exposure is unlikely, do you accept the risk and consent to treatment?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

\_\_\_\_\_

**Patient/Parent’s Signature**

**Date**