Dear Patient

Welcome to our specialty dental office!
There is no doubt that oral care is essential to one’s overall health and well-being. Now more than ever, it’s important to remain a trusted partner in preventive healthcare for our patients. Prior to COVID-19, dentists and hygienists practiced stringent measures to ensure patient safety. Throughout the pandemic, our office stepped up these protocols with heightened infection control and increased attention to our patients and dental team safety.

According to a study published in The Journal of the American Dental Association, fewer than one percent of dentists in the U.S. were found to be COVID-19 positive. This is very good news for dentists and patients.

Dentistry is essential health care. Therefore, dentistry is exempt from the hot spot restrictions Governor Andrew Cuomo has imposed across the state. The New York State Dental Association (NYSDA) is monitoring this health crisis. We continue to provide the highest quality care to our patients and keep carrying out proper sanitation and safety practices as recommended by the Centers for Disease Control and Prevention (CDC) and New York State Department of Health (NYSDOH).

We thank you for choosing our dental practice, as safety is everyone’s responsibility. Please make sure to wear a mask upon entering the waiting room indicating if you have been tested recently for Covid-19 and we will check your temperature upon entering our office.

Kindly sign, initial and bring with you the attached Covid-19 consent form. Make sure to forward to our email any x rays or referral letter taken and sent by your dentist.

Looking forward to meeting you. Meanwhile you can visit us at www.danielkaplandds.com

Thanks and best of Health

Dr. Daniel Kaplan DDS PC
COVID-19 Dental Treatment Consent and Release of Claims Form

I, ___________________________________________ (the patient) consent to receive dental treatment from Dr. Daniel Kaplan DDS PC during the COVID-19 outbreak.

I understand there is much to learn about the newly emerged COVID-19, including how it spreads and is transmitted.

I understand that, based on what is currently known about COVID-19, the spread is thought to occur mostly from person to person via respiratory droplets during close contacts. I understand that close contact can occur from being within approximately 6 feet of someone with COVID-19 for a period of time, or by having direct contact with infectious secretions from someone with COVID-19.

I understand that carriers of COVID-19 may not show symptoms but may be highly contagious. I understand that due to the unknowns of this virus, the number of patients that have been in the Practice; and the nature of the procedures performed here; that I have an increased risk of contracting the virus by being in and by receiving treatment at the Practice.

I understand that even with the Practice following all the CDC and ADA guidelines for infection control of COVID-19 in providing dental treatments, that I am still a risk for possible infection with receiving such treatment at the Practice at this time _______ (initial).

I understand dental procedures have the potential to include aerosol-generating procedures as well as anticipated splashes and sprays, which are some of the ways that COVID-19 can be spread. ______ (initial).

I understand that the symptoms listed below are representative of COVID-19:

Loss of smell and loss of taste
High fever
Dry cough
Shortness of breath
Persistent pain or pressure on the chest
Bluish lips or face

I confirm that I and those who live with me, have not displayed, or currently don’t have, any of the symptoms that are representative of COVID-19, which are outlined above ______ (initial).

I confirm that, to the best of my knowledge, in the past 14 days I have not come into close contact with anyone who appeared to me as displaying or having any of the symptoms that are representative of COVID-19, which are outlined above ______ (initial).

I confirm to the best of my knowledge, that I have not had close contact with an individual diagnosed with COVID-19 in the past 14 days ______ (initial).
I understand that all travelers arriving from a country or state with widespread ongoing transmissions should stay home for 14 days to practice social distancing and monitor their health after their arrival. I confirm that I and those who live with me, have not returned in the last 14 days from traveling to any of the countries or regions with widespread ongoing transmissions, including all European countries, China, Korea, and Latin America. ________(Initial).

RELEASE OF CLAIMS

I release, that is, I give up and forever relinquish any and all claims, complaints and any legal actions in any court of law, or in any other proceedings before any governmental entity, that I became infected with the coronavirus, or that I suffered any other personal, physical or any other injury as a result of any dental treatment I have received from the Practice. I understand this release means that I can never bring any claim for any money damages, nor for any other legal remedy, relief against the Practice and any of the professional and technical providers at the Practice.

I acknowledge that I have read and understand this Release and that I knowingly and voluntarily have signed it as a condition of the Practice agreeing to provide any dental treatment for me.

Patient Name: ____________________________________________________________

Patient/Guardian Signature: ________________________________________________

Date: __________________________

Witness: _________________________

Name: __________________________

Signature: _______________________

Date: __________________________

For Practice Use:

Doctor: __________________________

Signature: _______________________ DATE: ________________________________