



DENTAL ASSOCIATES OF WALPOLE

Family ◦ Specialty ◦ Care

COVID-19 Patient Education Acknowledgement

Patient Name: _____ Date of Birth: _____

COVID-19:

- Is a new disease with no known treatment.
- Spreads easily from person to person.
- Has spread globally.
- Is a public health emergency.
- Has caused PPE shortages.
- Has strained the healthcare system.

To try to stop the spread of COVID-19, Dental Associates of Walpole does the following:

- Requires anyone who enters the office to wear a face covering that covers their nose and mouth and does not have a valve.
- Screen patients for COVID-19 48 hours prior to their appointment.
- Screen patients and visitors upon entrance to the office.
- Limitations on who may come to the office with a patient.

I understand that I:

- Must be honest when I answer screening questions.
- Must wear a face covering that covers my nose and mouth and does not have a valve.
- May be asked to enter the office alone. Or my child may be if they are the patient, depending on their age and the procedure being performed.
- Am undergoing dental treatment where 6 foot physical distancing is impossible.
- Will be asked to reschedule if I (or my child) are exhibiting any Covid-19 symptoms.
- Will be asked to reschedule if I am living in a house with someone who has Covid-19 at the present time.

Patient, Parent, or Legal Representative Signature

Date

Printed Name