



Pearl Dentistry PC
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**Supplemental Informed Consent/ Questionnaire
 Communicable Disease and Your Dentist**

With community transmission of communicable diseases, you could be exposed anywhere to infectious diseases including, but not limited to Covid -19 or Coronavirus. Your dental office is following the State and Federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of communicable diseases. However, it is possible that these precautions will not always be successful in blocking the transmission of these diseases. Social distancing nationwide has reduced the transmission of Covid-19, however it is not possible to provide dental treatment with social distancing between patient, dentist, dental staff and sometimes, other patients.

By presenting yourself or your child for dental treatment, you assume and accept the risk that you or your child may inadvertently be exposed to a communicable disease.

If you have been exposed to a communicable disease prior to your dental appointment, you may spread the disease to the dentist, dental staff and to other patients/ parents in the practice. Therefore, prior to each appointment, we require you to answer the following questions:

- Do you have a fever or felt feverish recently (14-21days)? Yes _____ No _____
- Do you have a cough Yes _____ No _____
- Shortness of Breath and/or Trouble Breathing Yes _____ No _____
- Persistent pain, pressure or Tightness in the chest Yes _____ No _____
- Flu-like symptoms, gastrointestinal upset, headache or fatigue Yes _____ No _____
- Have experienced recent loss of taste or smell Yes _____ No _____
- Are you in contact with any confirmed Covid-19 positive patients Yes _____ No _____
- Do you have heart disease, lung disease, kidney disease, diabetes or any autoimmune disorders? Yes _____ No _____
- Have you, or child, or others accompanying you to today's appointment been tested positive for a been diagnosed as having Covid-19 Yes _____ No _____

If you have any of these symptoms or been tested positive for Covid-19 recently, you may be asked to reschedule your appointment.

Do you acknowledge and accept the risk of exposure in our dental office to communicable disease, included but not limited to Covid-19, and consent to treatment? Yes _____ No _____

 Patient/ Parent signature

 Date