



South Main Dental, P.A.

538 South Main Street, Suite 130
Cambridge, MN 55008
(763) 552-1616 Phone
(763) 552-1617 Fax
Office@Mycambridgedentist.com
www.MyCambridgeDentist.com

COVID-19 PANDEMIC DENTAL TREATMENT NOTICE AND ACKNOWLEDGEMENT OF RISK FORM

Our goal is to provide a safe environment for our patients and staff, and to advance the safety of our local community. This document provides information we ask you to acknowledge and understand regarding the COVID-19 virus.

The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. Our practice wants to ensure you are aware of the additional risks of contracting COVID-19 while receiving dental care.

The COVID-19 virus has a long incubation period. You or your healthcare providers may have the virus and not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated due to limited availability of virus testing.

Due to the frequency and timing of visits by other dental patients, the characteristics of the virus, and the characteristics of dental procedures, there is an elevated risk that you could potentially contract the virus simply by being in a dental office.

Dental procedures create water spray which is one way the disease is spread. The ultra-fine water spray can linger in the air for a long time, allowing transmission of the COVID-19 virus to those nearby.

South Main Dental, PA has taken additional steps to help prevent the spread of the COVID-19 virus including installation of HEPA filters and strict infection control measures in between and during every patient visit. These protocols are intended to help minimize the spread of the COVID19 virus and other infectious diseases.

You cannot wear a protective mask over your mouth to prevent infection during treatment as your health care providers need access to your mouth to render care. This leaves the potential that you could be vulnerable to COVID-19 transmission while receiving dental treatment.

I confirm that I have read the Notice above and understand and accept that there is an increased risk of contracting the COVID-19 virus in a dental office or with dental treatment. I understand and accept the additional risk of contracting COVID-19 from contact at this office. I also acknowledge that I could contract the COVID-19 virus outside of this office in circumstances unrelated to my visit here.

I have read and understand the information stated above:

Signature

Printed Name

Date