

Ann Arbor Pediatric Dentistry

COVID-19 Screening, Financial Agreement Update, Post-op COVID-19 Instructions, and COVID-19 Waiver of Liability

COVID-19 SCREENING

As a result of the recent COVID-19 concerns, we are requiring all families to complete a pre-visit phone screening and a day-of appointment screening. If a family answers YES to any of the screening questions, their case will be addressed by the on-staff dentist to determine if the patient's appointment can continue as scheduled or if it must be rescheduled. **Our number one goal is the safety of our patients and staff.**

AAPD FINANCIAL AGREEMENT UPDATE

In accordance with the American Dental Association (ADA), Michigan Dental Association (MDA), Centers for Disease Control and Prevention (CDC), and OSHA recommendations for COVID-19 safe-practices, we have increased the Personal Protective Equipment (PPE) our staff utilize when greeting and treating patients. This measure is to optimize patient and staff safety. These changes include, but are not limited to: protective panels at check-in and check-out; more protective masks, face shields and scrub caps for our staff; an increased number of barriers throughout the office. At this time, all appointments will have an **additional fee of \$10.00** to ensure our ability to meet these important safety measures (D1999 CDT, or Current Dental Terminology, code for PPE).

POST-OP INSTRUCTIONS SHOULD COVID-19 SYMPTOMS DEVELOP

If any family member develops signs or symptoms of COVID-19, such as cough, respiratory distress and/or fever (temperature of 100.0 degrees F or higher), within 14 days of today's dental visit, contact your PCP and Ann Arbor Pediatric Dentistry immediately.

COVID-19 WAIVER OF LIABILITY

I elect to have treatment for my child at Ann Arbor Pediatric Dentistry. I understand that Ann Arbor Pediatric Dentistry is following the most up-to-date ADA, MDA, CDC, and OSHA safe-practice recommendations for treating dental patients at this time. I understand that, by seeking dental treatment at Ann Arbor Pediatric Dentistry, I accept the potential risks to my child, myself and my family that are associated with COVID-19. I agree that Ann Arbor Pediatric Dentistry cannot be held liable should anyone present at today's visit, or those with whom they subsequently come in contact, contract COVID-19.

Name of Patient (print)

Parent/Guardian (print)

Signature of Parent/Guardian

Date