

**Melissa Rozas, DDS Dentistry for Infants, Children & Teens**

632 East Sandy Lake Road Coppell TX 75019 972-393-9779

www.rozasdds.com

**Receiving Dental Care/Treatment during the COVID-19 Pandemic Consent**

You have brought your child to our office today for a routine dental evaluation, cleaning and/or treatment that will be performed during the COVID-19 pandemic. Please be advised of the following:

- While our office complies with the State Health Department and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees. COVID-19 can be contracted from a variety of sources, including aerosols. Dental care and treatment can create aerosols. Although we will try to minimize those aerosols through high volume evacuator suction units, there is still a risk of transmission.
- Our team members are screened daily, are symptom-free, and to the best of their knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge.
- In order to reduce the risk of spreading COVID-19, we have several new protocols in place (see handout) to help protect your child and our staff- including this series of screening questions. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

\_\_\_\_\_  
Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm that my child or anyone in my household, including myself, are NOT presenting with any of the following symptoms of COVID-19 listed below now or in the past 14 days (21 days for cruise ship).

- Fever in the last 14-21 days
- Dry cough
- Shortness of breath
- Runny nose / Sore throat
- Loss of taste or smell
- Flu-like symptoms including fatigue or headache
- GI problems including nausea or diarrhea
- Rash or swelling of hands or feet
- Tested positive to COVID-19 in the past or awaiting a COVID-19 Test Result
- Traveled within the last 14 days to a foreign county?  
If yes, where: \_\_\_\_\_
- Traveled within the last 14 days within the United States by bus, plane or train  
If yes, where: \_\_\_\_\_
- Traveled by cruise ship in the last 21 days?  
If yes, where: \_\_\_\_\_

I consent to my child’s dental care during the COVID-19 pandemic, and I am aware of the pandemic protocols Melissa Rozas, DDS has in place to reduce the risk of the spread of COVID-19.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_