

Dental Horizons of Westchester

Puja Taneja, D.D.S

388 Westchester Avenue 1M

Port Chester, NY 10573

SUPPLEMENTAL INFORMED CONSENT

Patient Name _____

Date of Birth ___/___/___

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as "Coronavirus," at any time or in any place. Be assured that we have always followed state and federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of all diseases in our office and continue to do so. Despite our careful attention to sterilization, disinfection, and use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be at your gym, grocery store, or favorite restaurant. "Social Distancing" nationwide has reduced the transmission of the Coronavirus. Although we have taken measures to provide social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, dentist, dental staff, and sometimes other patients at all times.

Although the risk to exposure, do you accept the risk and accept the treatment?

Yes _____ No _____

Patient/Parent Signature _____

Date _____

IF ME OR ANY PERSON I HAVE BEEN IN CLOSE CONTACT WITH HAS BEEN CONFIRMED WITH COVID 19, I WILL INFORM THE OFFICE IMMEDIATELY.

Please complete questions below in the past 36 hours:

COUGH/SOAR THROAT	YES _____	NO _____
DIFFICULTY BREATHING	YES _____	NO _____
FEVER	YES _____	NO _____
TRAVEL/PAST 14 DAYS	YES _____	NO _____

Thank you for your cooperation in helping **keep us safe.**