(Company Name)

Location Address

We (COMPANY NAME) are operating on a limited basis here at the office during COVID-19. We are absolutely following all CDC and state guidelines during this COVID-19 outbreak. Patients with dental emergencies defined by the American Dental Association will need to be seen by the dentist during this outbreak to prevent overload in the hospital setting.

We will strictly follow the universal precaution guidelines set forth by our governing bodies.

Proper PPE is required for our daily operations. Each employee is trained and up to date on current regulations required.

We will properly screen each patient entering our facility

Each patient will sign emergency consent prior to being seen.

I consent to be an effective care provider during this time and understand all precautions that I am responsible for taking in order to continue to work on a full time or limited basis.

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{Employee Name Print} {Employee Name Signature}

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Date}

Employer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_