Artin Sakhaee, D.D.S.

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Please check all that apply:

YES	NO	
		You, a member of your household, or a close contact of yours, have a fever, cough, shortness of breath, or a sore throat.
		In the past 14 days, you, a member of your household, or a close contact of yours have travelled to a country or area with ongoing COVID-19 outbreak. (e.g. China, Europe, Iran, South Korea)
		You have been exposed to someone who has tested positive for COVID-19 or has been exposed to COVID-19.
		None of the above.

I, ____, knowingly and willingly consent to have dental treatment during the COVID-19 pandemic at **Metropolitan Smiles Family Dentistry PC; Artin Sakhaee, DDS PC**.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show the symptoms and still be highly contagious. It is impossible to determine who has it and who does not have it given the current limits in COVID-19 testing.

Dental procedures create water spray which is how the disease is spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus.

- I understand that due to the frequency of visit of other dental patients, the characteristics of the virus, and the characteristics dental procedures, that I have an elevated risk of contracting the virus simply by being in the office. **_____ (Initial)**
- I have been made aware of the CDC, CDA, and ADA guidelines that under the current pandemic. **_____ (Initial)**

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Fever **_____ (Initial)**
- Shortness of Breath **_____ (Initial)**
- Dry Cough **_____ (Initial)**
- Sore Throat **_____ (Initial)**

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. The CDC recommends social distancing of at least 6 feet for a period of 14 days to anyone who has, and this is not possible with dentistry. **_____ (Initial)**

- I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19. **_____ (Initial)**
- I verify that I have not traveled domestically within the United States by the commercial airlines, bus, or train within the past 14 days. **_____ (Initial)**

________________________________ **_________________________________** **_____/_____/________**

Print Name **Signature** **Date Signed**