



Patient Name:

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Do you have a fever, or have you felt hot or feverish recently (past 14-21 days)? Yes No

Are you having shortness of breath or any difficulties breathing? Yes No

Do you have a dry cough, sore throat, or congested/runny nose? Yes No

Any other flu-like symptoms such as gastro-intestinal upset, headache, or fatigue? Yes No

Have you experienced any loss of taste or smell? Yes No

Have you ever been in contact with someone who tested positive for COVID-19? Yes No

Is your age over 60? Yes No

Do you have heart disease, kidney disease, lung disease, diabetes, or any auto-immune disorder? Yes No

Have you traveled to any regions affected by COVID-19 in the past 14 days (as relevant to your location)? Yes No

Temperature: \_\_\_\_\_

**Patients will have their temperature taken upon arrival, anyone with a 100.4 temperature or above cannot be seen. Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment. Please see the next page.**



## COVID-19 Acknowledgement of Risk Waiver

Our goal is to provide a safe environment for our patients and staff, and to advance the safety of our local community. This document provides information we ask you to acknowledge and understand regarding the COVID-19 virus.

The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. Our practice wants to ensure you are aware of the additional risks of contracting COVID-19 associated with dental care.

The COVID-19 virus has a long incubation period. You or your healthcare providers may have the virus and not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated due to limited availability for virus testing. Due to the frequency and timing of visits by other dental patients, the characteristics of the virus, and the characteristics of dental procedures, there is an elevated risk of you contracting the virus simply by being in a dental office.

Dental procedures create water spray which is one way the disease is spread. The ultra-fine nature of the water spray can linger in the air for a long time, allowing for transmission of the COVID-19 virus to those nearby. You cannot wear a protective mask over your mouth to prevent infection during treatment as your health care providers need access to your mouth to render care. This leaves you vulnerable to COVID-19 transmission while receiving dental treatment.

I confirm that I have read the Notice above and understand and accept that there is an increased risk of contracting the COVID-19 virus in the dental office or with dental treatment. I understand and accept the additional risk of contracting COVID-19 from contact at this office. I also acknowledge that I could contract the COVID-19 virus from outside this office and unrelated to my visit here.

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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