

Wellness Screening & Treatment Consent

Thank you to our dental family and friends for your support and patience over the past weeks as our office has been closed in compliance with Governor Murphy's COVID-19 pandemic directives. We are very much looking forward to resuming your treatment in the safest possible way for both patients and staff. Part of that initiative includes the attached Wellness Screening & Treatment Consent which we request be returned to us WITHIN THE 24 HOURS BEFORE EACH APPOINTMENT. Please call the office at 973-839-3434 or email at drlupsa@optonline.net with any questions. We can't wait to see you soon.

1. Your name _____

2. Patient name (may be the same) _____

3. Have you had a recent onset (within the past 2 weeks) of any of the following:

	Yes	No
Fever (over 100 degrees F)	<input type="radio"/>	<input type="radio"/>
Coughing	<input type="radio"/>	<input type="radio"/>
Shortness of breath or difficulty breathing	<input type="radio"/>	<input type="radio"/>
Persistent pain, pressure or tightness in chest	<input type="radio"/>	<input type="radio"/>
Loss of sense of smell or taste	<input type="radio"/>	<input type="radio"/>
Travel by airplane or cruise ship	<input type="radio"/>	<input type="radio"/>

4. Has the patient, a family member, or any known close contact had any of the following occur?

	Yes	No
Diagnosis of COVID-19 infection	<input type="radio"/>	<input type="radio"/>
Waiting on results of test for COVID-19 infection	<input type="radio"/>	<input type="radio"/>
Symptomatic but unable to get tested for COVID-19	<input type="radio"/>	<input type="radio"/>

5. If the patient, family member or close contact has been diagnosed with COVID-19 infection, when did that occur? Date _____

6. If the answers to any of these questions change right before the appointment, I agree to notify the office of Myron R Lupsa, DDS, as soon as possible. Also, if the answer is yes to any of the previous questions, I understand I will be asked to reschedule the appointment.

Yes, I understand

7. Treatment Consent: Please be assured that our office will continue to meet all sterilization and infection control requirements, as we have in the past. Additionally, we have implemented a number of new procedures to enhance everyone's safety. Our office will provide for socially distant appointment scheduling, and we have also added a number of new technologies and techniques to meet the needs of dental offices during this time. However, it is possible to contract COVID-19 infection (or any other communicable disease) in any public space. Keeping a distance of 6 feet is not possible between the dental patient and clinical staff/ doctor. Re-entering public life comes with some risks that we all must weigh, but we also want you to feel confident that our office is taking every step to keep our patients and staff safe. Clicking "Yes" below indicates that the risks involved are accepted, and that consent is given for treatment to be provided by the office of Myron R Lupsa, DDS.

Yes, I consent to dental treatment

Date _____