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PATIENT CONSENT DENTAL TREATMENT IN THE ERA OF COVID-19

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

As with the transmission of any communicable disease like the cold or the flu, you may be exposed to COVID-19, also known as the “coronavirus” at any time or any place. Be assured that we continue to follow state and federal regulations as well as the utilization of universal personal protective equipment (PPE) and enhanced disinfection protocols to limit transmission of all diseases in our office.

Our staff are symptom-free and to the best of their knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge.

Despite our careful attention to sterilization, disinfection, and the use of personal barriers and PPE, there is still a chance that you could be exposed to an illness in our office, just as you might be exposed in your gym, grocery store or your favorite restaurant.

The practice of social distancing that has taken effect nationwide has significantly reduced the transmission of the coronavirus. We have followed the same social distancing practices at the dental office although it is not possible to maintain the necessary distance between our dental staff and the patients due to the nature of dental treatment. Despite the increase in regulation and safeguards to ensure patient safety, there is the relatively low risk of infection considering a mask cannot be worn by the patient during treatment.

I confirm that I have read the above information and fully understand the risks and possibility of contracting COVID-19 in the dental office. I understand and accept the additional risk and also acknowledge that I could contract the COVID-19 virus from outside this office and unrelated to my dental visit.

Thank you for your continued trust in our practice.

Patient Name

Patient Date of Birth

Signature

Date
