



COVID-19 SUPPLEMENT

New York State Executive Order #202 states that only dental emergencies are considered essential business.

I hereby affirm that my dentist and Dr. Jacob Eisdorfer offered me the opportunity to reschedule dental treatment under general anesthesia to a later date. I also affirm that after consulting with my dentist, I freely elect to proceed due to pain/infection that are unmanageable at home with medications.

I understand that proceeding with the treatment increases our risk of exposure to community acquired COVID-19 (coronavirus) infection. This infection can lead to symptoms such as fever, chest pain, shortness of breath and further cardiopulmonary complications. In severe cases, COVID-19 infection can result in **prolonged hospitalization, intensive care admission, mechanical ventilation, and death.**

I affirm that neither the party coming for treatment, nor any people living in close proximity, have had any of the following symptoms in the past 14 days:

- sore throat/cough
- shortness of breath
- chest pain
- fever
- fatigue and muscle ache
- **confirmed or suspected coronavirus infection**

I understand that social distancing of 6 feet is required in New York state and as much as possible have minimized my exposure to public transport, gatherings, and other situations that enable the spread of coronavirus. I also understand that social distancing is not possible with dental treatment and general anesthesia.

PATIENT NAME

PARENT/GUARDIAN NAME

RELATIONSHIP

SIGNATURE

DATE