

Roger D. Craddock, D.D.S.  
Mitchel S. Godat, D.D.S., M.S.\*  
\*Board Certified Periodontist  
Grant T. King, D.D.S., M.D.S.

# Periodontal Associates

OF MEMPHIS

Periodontal, Laser and Dental Implant Therapy

Partners Emeritus  
Preston D. Miller, Jr., D.D.S.  
James R. Ross, D.D.S., M.S.\*

6268 Poplar Avenue · Memphis, TN 38119 · phone 901.761.3770 · fax 901.761.3775  
[www.PerioMem.com](http://www.PerioMem.com) · [Info@PerioMem.com](mailto:Info@PerioMem.com)

## **COVID -19 Pandemic Dental Treatment Consent Form (last updated 5/4/2020)**

You have come to our office today for a routine dental evaluation and/or treatment that will be done during the COVID-19 pandemic. Please be advised of the following:

- While our office complies with State Health Department and the Centers for Disease Control infection control guidelines and universal precautions to prevent the spread of the COVID-19 virus, we cannot make any guarantees.
- Our team is symptom-free and, to the best of their knowledge, has 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.

**In order to reduce the risk of spreading COVID-19, we have asked you a number of “screening” questions below. For the safety of our team, other patients, and yourself, please be truthful and candid in your answers.**

- I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:
  - Fever
  - Shortness of Breath
  - Dry Cough
  - Runny Nose
  - Sore Throat
  - Reduced/ Altered Taste and/or smell
  - Sneezing/ watery eyes/ sinus pain that is unusual or unrelated to seasonal allergies
  - Headaches, fatigue, weakness
- I confirm I have not been around someone with the virus, virus-like symptoms, and/ or is quarantined.
- I understand that travel (especially air) significantly increases my risk of contracting and transmitting the COVID-19 virus. And 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.
- Within the last 14 days, I have not traveled to any foreign country.
- Within the last 14 days, I have not travelled within the United States.
- I agree to notify Periodontal Associates of Memphis if I become sick with COVID or COVID like symptoms within 14 days, or if I realize I was exposed to someone with COVID or COVID-like symptoms 14 days prior to my appointment.

I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.

I have viewed Periodontal Associates of Memphis’ protective plan and protocols, and understand that these are in place to ensure the safety of patients and team members to the best of their ability.

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

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



Active Member  
American Academy of Periodontology  
Specialist in Periodontics

