

Covid-19 Protocol

Young Dentistry has implemented new policies and procedures to ensure the safety of our patients and their families, our staff and ourselves while in the office. This office is in full compliance with all current American Dental Association, Centers for Disease Control and Prevention, and State of Florida infection control guidelines. We are doing everything in our power to provide you with a treatment environment which is free of the COVID-19 virus, however, since we are a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge.

We **REQUIRE** the following:

1. At this time, we are allowing the patients scheduled for a dental appointment to be accompanied by only one parent or guardian. We ask your family to remain in the car until we are ready for you. Only children with appointments will be allowed in the office.
2. Anyone who comes into the office, including staff, must have their temperature checked with a temporal scanner thermometer. Anyone with a temperature above 99.9 F will not be permitted to stay in the office.
3. Upon arrival, everyone must use hand washing station and wash for 20 seconds.
4. All patients should rinse with Peroxyl mouthwash to lower bacterial count in the mouth. If children are not cooperative, a 2x2 gauze will be used to wipe their mouth prior to treatment.
5. Specific screening questions must be answered truthfully and any patient that is sick will be rescheduled at no charge.
6. All forms must be completed and emailed to info@youngdentistrydelray.com prior to your appointment time and any co-pays will be collected over the phone.
7. All surfaces will be constantly sanitized, and we have removed all toys, magazines and iPads.
8. **You will receive a text if you have a balance on your account. You may use our new feature Text To Pay. You may also call the office or visit our Website to make a payment.**
9. We have implemented the use of medical grade HEPA air filters throughout the off

Please inform us if you or your child are experiencing any of the following symptoms:

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|--------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| ● Dry Cough | ● Diarrhea/Rash |
| ● Fever/Body Aches/Chills | ● Been in contact with someone with any of these symptoms or someone that is confirmed or suspected Covid-19 positive |
| ● Sore throat/Runny Nose | |
| ● Shortness of Breath | |
| ● Loss of Sense of Smell/Taste | |

Patient Name: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____