

Dr. Howard Moses D.M.D.

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Patient Advisory and Acknowledge

Receiving Dental Treatment During the COVID-19 Pandemic

Dear Patient,

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 advise of the following:

While our office complies with State Health Department and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees.

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.

In order to reduce the risk of spreading COVID-19 we have asked you a number of pre-screening questions over the phone for the safety of our staff, other patients, and yourself.

(signature)

(date)

I will inform the office if I am diagnosed with COVID-19 in the next 14 days. _____
(initials)