

Frequently Asked Questions & Answers COVID-19 Protocol at Soft Touch Dental Care

What should I know before I make my next appointment?

- Our office will communicate with you beforehand to ask some **screening questions**. You'll be asked those same questions again when you are in the office.
- **When you arrive, please call the office from your car to check-in.**
- You will be asked to complete a COVID-19 specific **pre-screening Questionnaire and sign the Consent form**. This form is also available on our website.
- To expedite your check-in, please **download and complete the Questionnaire and Consent form at home and bring it with you for your appointment.**
- Appointments will be managed to allow for **social distancing between patients**. That might mean that you're offered fewer options for scheduling your appointment.
- We will do our best to allow **greater time between patients** as well as to **reduce the number of patients in the reception area at any one time.**
- **Only the patient will be allowed in the office**, except for children and patients who require a caretaker, one adult may accompany the patient.
- Patients will be reminded several times that **our office is not the venue for patients with symptoms consistent with a significant risk of ongoing COVID infection.**

What should I expect when I arrive?

- All of our staff will be provided and will be wearing **personal protective equipment (PPE)** at all times.
- When patients enter the office, we ask that you **wear a mask** as well as cleaning your hands using the provided **hand sanitizing station**.
- **We will measure your temperature when you arrive.**
- You may see that our waiting room will no longer offer magazines since those items are difficult to clean and disinfect. We will **enforce social distancing** in our waiting room.
- Our protocol includes **advanced instrument sterilization** and **medical grade surface disinfectant** applied to all surfaces everywhere between every patient.
- All of our treatment rooms and the waiting room will be supplied with **Surgically Clean Air systems** that neutralize 99.998% of 0.1-micron particles (HEPA-Rx MERV-20 Filter, Carbon Filter, Germicidal UV-C, Hydroxyl Reaction), and all of the air in our office is resupplied with surgically clean air every 15 minutes.



Thank you for giving us the opportunity to safely serve you and your loved ones. Stay healthy and see you soon!



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OUR NEW LOOK WITH PROTECTIVE GEAR

COVID-19 PROTOCOLS

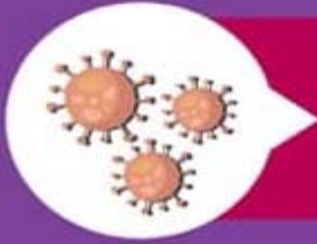
KEEPING YOU HEALTHY WHILE KEEPING YOUR SMILE HEALTHY



Please wear Masks before you enter the office.



Please use hand sanitizer when you enter the office.



We will ask some screening questions relating to the COVID-19.



Leave your cell phone number and wait in your car instead of waiting room.



No longer magazines, children's toys, coffees in the waiting room.



Only patients with appointments and one guardian permitted into the office.



We will measure your temperature and ask you to gargle with 1% hydrogen peroxide.



Social distancing in effect maintain 6 feet of distance at all times.



Please allow us enough time for enhanced disinfection between patients.



Please reschedule if anyone in your household has been sick in the last 2 weeks.



Patient Advisory and Acknowledgment

Receiving Dental Treatment During COVID-19

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 advised 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 "screening" questions below. For the safety of our staff, other patients, and yourself, please be truthful and candid in your answers.

PATIENT/RESPONSIBLE PARTY

DATE

PLEASE ANSWER "YES" OR "NO" WITH YOUR INITIALS, TO THE FOLLOWING QUESTIONS:

HAVE YOU BEEN DIAGNOSED POSITIVE FOR THE COVID-19 VIRUS AT ANY TIME?

YES

NO

ARE YOU CURRENTLY AWAITING THE RESULTS OF A COVID-19 TEST?

YES

NO

DO YOU HAVE A FEVER?

YES

NO

DO YOU HAVE ANY SHORTNESS OF BREATH?

YES

NO

DO YOU HAVE A DRY COUGH?

YES

NO

DO YOU HAVE A RUNNY NOSE?

YES

NO

DO YOU HAVE A SORE THROAT?

YES

NO

DO YOU HAVE SNEEZING, WATERY EYES, AND/OR SINUS PAIN/PRESSURE THAT IS UNUSUAL AND NOT RELATED TO SEASONAL ALLERGIES?

YES

NO

HAVE YOU EXPERIENCED HEADACHES, FATIGUE, OR WEAKNESS?

YES

NO

HAVE YOU LOST YOUR SENSE OF TASTE AND/OR SMELL?

YES

NO

WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED TO ANY FOREIGN COUNTRY?

YES

NO

WITHIN THE LAST 14 DAYS, HAVE YOU TRAVELLED WITHIN THE UNITED STATES OR TO ANY FOREIGN COUNTRY?

YES

NO

IF SO, WHERE?