

William E Kelson DDS PA
NEW PROCEDURES FOR ALL PATIENTS

Thank you all for your patience regarding our long absence during the COVID-19 pandemic. Although we have been cleared to reopen our doors, we have yet to do so because of the several measures we are putting in place for your safety and for the safety of our staff members.

Many of these safety measures will be noticeable, and some will not be, such as enhanced air purification and sanitation upgrades installed on our AC and Heating system. We have also enhanced our water line purification, etc.

We have always used industry-standard Personal Protective Equipment (PPE). However, for your safety and for the safety of our staff, we have enhanced our PPE. We have also purchased additional chairside equipment (such as external suction machines) to help reduce the chance of the spread of airborne particles

Our approach has always been to go above and beyond any guidelines set before us with regard to patient care and safety. It is how we have always operated, and will continue to do so.

We are adopting a more streamlined approach to patient care, which is detailed below.

Please review the following before scheduling your next appointment:

To All Current and New Patients:


1. You will be contacted by one of our staff members a minimum of 24 hours prior to your scheduled appointment to answer a pre-screening questionnaire. {see "Screening Questionnaire"}.

Please note: The same questionnaire will be asked also at the time of your visit.

2. We will also be doing a temperature scan at each appointment visit prior to being seen for your appointment.
3. We also ask that you do the following:
 - a. Please present only yourself to the dental office. In the event that you require assistance and/or a guardian, please bring only 1 aide/guardian.
 - b. Please wear a mask when presenting yourself to the office for your appointment.
 - c. Please conclude all financial transactions before treatment has started.
 - d. Please use hand sanitizer (located at the office entrance) prior to entering the office.
 - e. Please wait in your vehicle and call the office to inform us of your arrival. We will call you and ask you to come in when your appointment is ready.
 - f. Please exit the office when your appointment is complete.

NOTE:

If your insurance carrier has not updated their fee schedule to include a PPE fee coverage for your safety, we will do so upon each of your visits. Please do not hesitate to ask us about this new policy. You are welcome to ask about all of our safety enhancements and upgrades.

Remember: We Take Your Smile to Heart 

Screening Questionnaire

Patient Name: _____

	PRE-APPOINTMENT	IN-OFFICE
	Date:	Date:
Do you/they have fever or have you/they felt hot or feverish recently (14-21 days)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you/they having shortness of breath or other difficulties breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you/they have a cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other flu-like symptoms, such as gastrointestinal upset, headache, or fatigue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you/they experienced recent loss of taste or smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you/they in contact with any confirmed COVID-19 positive patients? <i>Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your/their age over 60?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you/ they traveled in the last 14 days to any regions affected by COVID-19? (as relevant to your location)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

TEMP: _____ °F