

To Warren and Miller Family Dentistry Patients,

The Governor of North Carolina has issued an Executive Order (hereafter referred to as "Order"). The intent of this Order is to ensure that the maximum number of people self-isolate in their homes, while allowing essential services to continue through the State of North Carolina, to slow the spread of COVID-19 to the greatest extent possible.

All individuals currently residing or visiting the State of North Carolina are ordered to stay at home or at their place of residence except as allowed in the Order. To the extent individuals are using shared outdoor spaces or spaces outside their residence, they must at all times and as much as reasonably possible, maintain social distancing of at least six feet from any other person, consistent with the Social Distancing Requirements set forth in the Order and as recommended by the Center for Disease Control.

The ADA has recommended dentists keep their offices closed to all but urgent and emergency procedures until May 8th at the earliest. Due to the proximity of individuals during dental procedures, and the generation of aerosols, dentists, staff and patients are at a high risk of transmission. Our staff wear PPE for all patients and extensively clean between patients.

If a patient is getting dental work at Warren and Miller Family Dentistry, the following protocols must be followed.

#### Warren and Miller Protocols

1. Patients will stay in their car upon arrival for their appointment. They will call the office and when it is time to be seen, an employee will come to the car to retrieve the patient.
2. Any patient that has had a fever of 100.4 or greater in the past 24 hours will not be seen.
3. Patients will have their temperature taken before being brought in for their appointment.
4. Patients may not have anyone accompany them for the procedure.
5. Patients will be required to rinse with Chlorhexidine mouthrinse for 20 seconds and wash hands immediately upon entering the treatment room.

Sincerely,

Warren and Miller Family Dentistry

Acknowledgment of receipt of recommendations and Protocols

Print Name of Patient \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/LEGAL GUARDIAN (if Patient is under 18 years old or subject to guardianship)

Print Name \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### Release of Liability

The waiver, release and other representations and covenants set forth herein are given in consideration for Warren and Miller Family Dentistry for performing dental procedures. Warren and Miller Family Dentistry is located at 2811 Village Way, New Bern, NC 28562.

#### Acceptance of Risk; Release; Indemnification.

1. I \_\_\_\_\_, am fully aware and acknowledge the extremely contagious nature of COVID-19 and voluntarily assume the risk that I and/or my child may be exposed to or infected by COVID-19 by entering Warren and Miller Family Dentistry and that such exposure or infection may result in personal injury, illness, permanent disability, and death.
2. I will follow all of the protocols provided in the adjoining letter.
3. I certify that neither I, nor anyone in my household, nor any child that is accompanying me,
  - a. Has tested positive or has been presumed positive for COVID-19 at any time during the past 14 days;
  - b. Has been advised by a healthcare professional to self-quarantine at any time during the past 14 days;
  - c. Has been in close physical contact with someone who has tested positive for COVID-19 or who has been presumed positive for COVID-19, during the past 14 days; or
  - d. Is subject to a quarantine order or a recommendation of a healthcare profession that, in either case, would make it inadvisable to have dental work performed at Warren and Miller Family Dentistry; or
  - e. Has, within the past 24 hours, exhibited any of the following symptoms: fever of 100.4 or greater, cough, shortness of breath.
4. On behalf of myself and /or my child and our heirs, successors and assigns, I knowingly and freely, assume all such risks, both known and unknown, relating to my and/or my child's entry to Warren and Miller Family Dentistry and I hereby forever release, waive, relinquish, and discharge Warren and Miller Family Dentistry, along with their officers, agents, owners, employees, or other representatives, and their successor and assigns (collectively, the "Warren and Miller Representatives") from any and all claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "Damages") as a result of me and/or my child being treated at Warren and Miller Family Dentistry including but not limited to those related to the above described personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any of Warren and Miller Representatives, or any other person. I further promise not to sue Warren and Miller Family Dentistry or any of Warren and Miller Representatives, and agree to indemnify and hold them harmless from any and all Damages resulting from my being treated at Warren and Miller Family Dentistry.

DO NOT SIGN IF YOU HAVE NOT CAREFULLY READ THIS ENTIRE RELEASE OF LIABILITY. BY SIGNING BELOW YOU AGREE TO EVERYTHING IN THIS RELEASE OF LIABILITY.

READ CAREFULLY—BY SIGNING THIS DOCUMENT YOU MAY GIVE UP IMPORTANT LEGAL RIGHTS.

Print Name \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/LEGAL GUARDIAN (If patient is under 18 years old or subject to guardianship)

Print Name \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_