

COVID-19 Update

The governor of Nevada with the Nevada State Dental Board of Dental Examiners has authorized Nevada dental offices to be reopened on May 1, 2020, with several restrictions. I am looking forward to seeing you and your children again and providing orthodontic treatment.

OFFICE PROTOCOL FOR PATIENTS:

When the patient first comes in the front door

- 1. Go into the bathroom, on your right and wash and dry your hands with a paper towel.**
- 2. Brush your teeth with one of the disposable tooth brushes, rinse with water and put the toothbrush in the trash.**
- 3. Then advise the front desk that you or your child are ready to be seen.**

You will be required to fill out the Patient Screening Form for your or your child's appointment. If you, as the patient, or your child or children, have symptoms as described on the Patient Screening Form, then you should call the office as soon as possible to reschedule or speak to a staff member (scroll down to see the number and save or print a copy).

If you are an adult patient, please come by yourself to your appointment. If you are a parent bringing your child or children to their appointments, please bring only the child or children who have appointments. This will enable us to limit the number of people in the waiting room, maintaining six feet between people, as per recommendations by government agencies.

We also need to restrict people in the treatment room to patients only. If the patient is a child, and the parent needs to be in the treatment room, the parent must wear gloves, and mask (please bring your own with you to preserve masks). If you have to bring other children or people with you in your car, they must stay in the car. Park out front, then call our office by cell phone, and we will send a staff member to bring the patient into the office. You will then have to fill out the Patient Screening Form in the car and give back to the staff member. You may also call the office (775-753-4870) before leaving home, if you have any questions or need information. Make sure we have your cell phone number so we can call you in the car to advise you of this appointment and schedule the next appointment.

You may also choose to return to the car after checking your child or children in after leaving your cell phone # with the front desk.

Other information:

The purpose of the above is to minimize exposure to the virus, to protect the health of our patients, parents, the office staff and the Elko community. We are required, at this time, to follow the COVID-19 guidelines.

If you are concerned about coming to the office during this Covid-19 pandemic, and since orthodontics is an elective, noninvasive procedure, you may wish to postpone your next appointment for several weeks. This will not harm orthodontic treatment, but will increase the time in orthodontic treatment by the same number weeks.

We thank you for your cooperation during this pandemic. We strive to bring the highest of standards to our orthodontic practice, and appreciate and value you, our patients, parents, friends, employees, and the Elko community.

Dr. David T. Grove, DMD, MS, MEd., MSc, and Staff

Office phone 775-573-4870

The pdf Patient Screening Form is below:

PATIENT SCREENING FORM

Date _____

1. Patient Name _____ Age _____

Parent or patient signature _____

In the past 14-21 days:

Circle One

- | | | |
|--|-----|----|
| 2. Have you or your child had a fever, or felt feverish ? | YES | NO |
| 3. Are you or your child having shortness of breath or
breathing difficulties ? | YES | NO |
| 4. Do you or your child have a cough, dry or with production ? | YES | NO |
| 5. Have you or your child had any other flu-like symptoms
such as stomach or bowl upset, headache, or fatigue ? | YES | NO |
| 6. Have you or your child experienced a recent change of
taste or smell ? | YES | NO |
| 7. Do you or your child have heart disease,
kidney disease, diabetes or any auto-immune disorders ? | YES | NO |
| 8. Have you or your child traveled to any other regions
affected by COVID-19 ? | YES | NO |
| 9. Have you or your child been in contact with any person
who is a confirmed COVID-19 positive person ? | YES | NO |
| 10. Are you over the age of 60 ? | YES | NO |

ADDITIONAL NOTES OR INFORMATION: