



Pasadena Prosthodontics  
Prosthodontics & General Dentistry  
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### COVID-19 PATIENT WAIVER

Due to the unforeseen consequences of the COVID-19 / Novel Coronavirus / SARS COV-2; the staff and doctors have created a protocol to best screen out possible infected patients and staff from presenting to the office. These guidelines are based on the most current data regarding this virus and based on CDC guidelines. However, this cannot screen for the rare incidence that someone can shed the virus before exhibiting symptoms due to a known prolonged incubation, and possibly up to two weeks after the recommended two-week period of recommended quarantine.

The staff has been trained in universal infection control per OSHA guidelines, and this will prevent cross contamination for normal blood borne pathogens. In addition, the staff has been trained to provide additional measures to limit the possible spread of any upper respiratory infection pathogen per ADA/CDA guidelines (cold, flu, coronavirus).

I understand that despite these measures at this unprecedented time; there is no way to ensure there is no possible transmission between a patient or staff member, if infected with coronavirus, from transmitting this disease to me while in the office receiving care. I consent, as indicated by signature below; and assume the possible risk.

In addition, I testify that I have not had a new onset cough, unexplained prolonged weakness, prolonged "mild" fever, a fever 100.4F or above, travelled through any airport, spent time through a known center of coronavirus outbreak, or have knowingly had contact in any form to a person diagnosed with coronavirus **in the last 30 days**. The exception is if I had recent negative COVID-19 test result (results must be provided); or if after being diagnosed I have completed a 14 day quarantine with **two** consecutive negative follow up coronavirus tests spaced 3 days apart (results must be provided). This is for the protection to the staff and the doctors at Pasadena Prosthodontics and is my responsibility for public safety.

Patient: \_\_\_\_\_  
print name

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_  
guardian or parent (if patient is a minor)