



## COVID-19 Infectious Disease Preparedness and Response Plan Team Wellness Center

Coronaviruses are a family of viruses that can cause respiratory illnesses which present like the common cold but may also cause severe pneumonias. The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”).

According to current data, the virus is reportedly **transmitted by a combination of droplet and airborne particles**. These particles can travel up to 6 feet and may be carried through the air in droplets so small that they stay in air currents.

### Symptoms of the illness include:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- New loss of taste or smell
- Chills
- Muscle pain
- Sore throat

Children experience similar symptoms as adults.

Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea. This office will monitor the following resource for development of new symptoms.

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

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### Exposure Risks

A worker’s risk of exposure varies based on performance of certain duties, according to OSHA and CDC guidance, workers in this practice/facility fall into:

- Very High Exposure Risk
  - Performance of aerosol-generating procedures on known or suspected COVID -19 patients.
  - Collection or handling of specimens from known or suspected COVID – 19 patients.
- High Exposure Risk
  - Entering a known or suspected COVID-19 patient's room or care area.
  - Performing aerosol-generating procedures on patients who are not known or suspected COVID-19 patients.
  - Providing emergency care, not involving aerosol-generating procedures, to a known or suspected COVID-19 patient.
- Medium Exposure Risk
  - Providing urgent or emergency care, not involving aerosol-generating procedures, to well patients who are not known or suspected COVID-19 patients.
  - Working in high traffic areas within a practice/facility (e.g. front desk).

Current CDC guidance on infection control practices and updates related to community spread of this disease will be monitored daily.

- [CDC Coronavirus website](#)
- [Local health department](#)
- [State health department](#)

Person(s) responsible for daily monitoring:

Peer Support Specialist

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This practice/facility will make every effort to eliminate potential exposure to workers and to other patients.

- Emergency only care will be provided until all PPE and equipment has been received.
- Care will be delivered based on state and local guidance on performing elective procedures.

Dental – [State Mandates and Recommendations on COVID - 19](#)

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### Visitors/Vendors

- Masks will be required when in the practice/facility.
- Hand hygiene supplies and posters will be present.
- Packages that do not require a signature will be delivered to a designated spot in the practice/facility.

### Employees

- Training will be provided to workers on COVID - 19 and protections to reduce the exposure and spread of infection. Training will also be provided on appropriate PPE (including respirators), donning and doffing, and disposal of PPE.
- Upon entry into the workplace, workers will be screened for COVID – 19 illness and have temperatures taken. A fever of 100.4°F will require the worker to leave the workplace and seek medical care. See Appendix E for screening log.
- Employees are not to work when exhibiting symptoms of COVID -19 and will be sent home if symptoms appear during the workday.
- A mask will always be worn when in the facility by all staff (source control). Cloth masks or level 1 surgical masks can be worn when performing work that does not require appropriate personal protective equipment.
- Use of coworker’s phones, computers, desks, and other work tools will be limited. If using shared equipment, disinfect the surfaces after use with an EPA registered hospital level disinfectant that has been cleared for use against SARS-CoV-2.
  - [EPA product list](#)
  - [American Chemistry](#)

## Patients

PRIOR to the patient's visit, all scheduled patients will be contacted, screened for indications of the virus, and provided an explanation on the visit process. See [Appendix A](#) for screening tool.

- ☒ Patients with signs/symptoms of COVID-19 will be directed to contact their healthcare provider (a referral form can be given to the patient from TWC Dental and scanned into chart – See Appendix D) and the appointment will be rescheduled when the patient is no longer a risk for transfer of infection.
- ☒ Patients will be advised to remain at home and contact this office if they experience any shortness of breath or worsening of symptoms.
- ☒ Patients will be instructed to seek care or testing. It is also available at TWC Primary Care Clinic. [Community-Based Testing Sites for COVID-19](#)

If a patient is not experiencing any signs of symptoms of COVID-19 but has had a recent exposure or potential exposure to someone who has tested positive for COVID-19, dental care should be rescheduled for at least 14 days after the last exposure (and the patient must not begin to exhibit any symptoms). Refer patient to healthcare provider.

- Patients will be asked to call the practice/facility when they arrive for their appointment and lobby will be limited to 5 patients at a time. Any additional patients will be asked to wait in their cars.
  - Remind the patient to keep the temperature of the vehicle at a level so that they will not experience an increased temperature.
  - They also should not eat or drink a hot/cold beverage at least 15 minutes prior to arrival.
- Require the patient to wear a mask to the practice/facility to limit exposure to others. Cloth masks are acceptable for patients. If the patient does not have a mask, one can be provided to them (preferably level 1).
- Only the patient will be allowed in the practice/facility whenever possible.
- ALSO - Ask the patient to re-don their face covering at the completion of their clinical dental care when they leave the treatment area.

Once the patient arrives at the practice/facility:

- Employees will wear an ASTM level 2 or 3 mask, eye protection, gown, and mask for patient screening.
- Patient's temperature will be taken, and he/she will be screened using a screening form (Appendix A) for indications of the virus prior to entering the clinical area.
  - ☒ Patients will be screened outside the practice/facility or upon entry.

The designated Peer Support Specialist will check in each patient upon arrival. He/she will collect the name and appointment information, as well as take temperature, and fill out screening form. Patient will be seated in lobby spaced 6 feet apart with a maximum lobby capacity of 5 patients. Any additional patients will be asked to wait in the cars or outdoors until there is space in the lobby or it is their appointment time.

- If the patient arrives without a mask and there is ample supply of masks, a mask will be provided for use during the visit.
- In situations where there is not an ample supply of masks, the patient will be placed in an exam room/operatorary upon arrival.
- Patients will be asked to perform hand hygiene prior to entering the clinical area using either soap and water for at least 20 seconds, or using a hand rub containing alcohol (at least 60% ethanol or 70% isopropanol) for at least 15 seconds.

Patients that have positive responses during the screening process will be:

- Directed to a testing site or
- Testing will be performed at this location at TWC Primary Care Clinic
- Directed to return home and contact their healthcare provider. The appointment will be rescheduled when the patient is no longer a risk for transfer of infection.
- Advised to return home and self-isolate and to contact this practice/facility if they experience any shortness of breath or other indication of serious illness. Remind the patient to call 911 for any life-threatening symptoms.
- Evaluated for further care if currently exhibiting signs of shortness of breath or other indication of serious illness.

### **Lobby Area**

- Magazines, remote control devices, toys and any other high touch items will be removed from the lobby area.
- Social distancing will be implemented by removing chairs in the waiting areas and noting 6 feet spaces for areas where patients/visitors may have to wait for assistance.
- Sneeze guards will be placed at the reception and check-out desks and other areas where potential exposures may occur.
- [Respiratory Hygiene/Cough Etiquette guidelines](#) will be posted and implemented.
- Schedule for routine disinfection of horizontal and high touch surfaces will be established.

Routine daily disinfection of lobby surfaces and high touch surfaces will be performed by housekeeping staff.

**Engineering Controls** are equipment that reduce the overall risk of exposure to the virus.

- Changes have been implemented to address air quality.

Two Vaniman Gold extraoral suction units have been ordered to collect aerosols as close to the source as possible during dental procedures via HEPA filters. Two JADE air

filtration units have been ordered to filter air in dental clinic via HEPA filters, carbon filters, and UV-C light. Aerosol producing procedures will not be performed (or be kept to minimum) until all air quality control measures are installed.

## Patient Care

Personal Protective Equipment (PPE) - Workers will utilize PPE for protection based on the procedure's risk level. For areas where community spread is documented, PPE should be utilized as if the patient were infectious.

During the times when PPE is in short supply, CDC PPE optimization strategies will be implemented.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

## PPE

Procedures that do not include aerosol generation or obtaining testing specimens.

- Disposable gown/jacket
- Reusable gown/jacket
- Mask – See [Appendix B](#) for description of ASTM mask levels
- N95 respirator if available\*
- Eye protection including side shields
- Face shield
- Gloves

\*When N95 respirators are not available, combine an ASTM level 2 or 3 mask with a full face-shield for additional protection.

Procedures that include performing aerosol generating procedures\*, working with known or suspected COVID-19 patients, or obtaining testing specimens.

- Disposable gown/jacket
- Reusable gown/jacket
- Mask (as a second layer over N95 respirators in order to practice extended use of respirators) - See [Appendix B](#) for description of ASTM mask levels
- N95 respirator
- Elastomeric respirator
- Powered air-purifying respirator (PAPR)
- Eye protection including side shields
- Face shield
- Gloves

NOTE: See [Appendix C](#) for directions on donning and doffing PPE.

When ample supplies of N95 respirators are not readily available, the following measures will be implemented:

- ☒ Limit aerosol generating procedures.
- ☒ Re-use and extended use of N95 respirators will be allowed based on CDC guidance and the respirator manufacturer only if the respirator maintains its structural and functional integrity and the filter material is not physically damaged or soiled.
- ☒ Use alternatives to N95 respirators (e.g., other classes of filtering facepiece respirators, elastomeric half-mask, powered air purifying respirators).
- ☒ N95 respirators will be used by those at highest risk of contracting or experiencing complications of infection.

### **Additional Respirator Use Guidance**

- Respirators are to be used in conjunction with a written Respiratory Protection Program, training, medical evaluation, and fit testing of users.
- Do NOT share N95 and other disposable respirators.
- When reusing surgical (healthcare) N95 respirators or if industrial N95 respirators are used, add a full face-shield to reduce contamination and provide protection against splash/splatter.
- When there is no manufacturer's guidance on maximum uses available, respirators will be used no more than 5 times (if no disinfection between uses). If the respirators are disinfected between uses they can be used up to 20 times as long as the integrity of the structure of the respirator is not compromised.
- Reinforce the need for proper respirator donning techniques including inspection of the device for physical damage.
  - Are straps stretched out so much that they no longer provide enough tension for the respirator to seal to the face?
  - Is the nosepiece or other fit enhancements broken?
  - Any visible soiling?

**Additional Protections** - Utilized when aerosol generating procedures are performed:

- Only workers required to perform the procedure will be allowed in the care area.
- Additional time will be allotted between scheduled patients to allow for room cleaning and decontamination.
- Dental dams and high-volume evacuation (HVE) will be utilized whenever possible.

\*NOTE: For patients meeting the criteria for COVID-19 infection:

- Reschedule patients and provide referral to healthcare provider (See Appendix D) or
- Work with a provider who has adequate personal protective equipment and an Airborne Infection Isolation Room which is best choice for patients and workers.

Patients will be reminded to notify this office if experiencing any symptoms of or are diagnosed with COVID-19 within 2-14 days after the visit.

## Cleaning and Disinfection of Patient Care Area

- All clinical surfaces will be cleaned and disinfected with an EPA registered, hospital level product which has been cleared for use on the SARS-CoV-2 virus.
- Remove and discard barriers placed on equipment that is difficult to clean/disinfect.
- For patients with suspected or confirmed COVID-19, adequate air exchange must occur prior to the next patient encounter. Utilize the chart below to estimate the time needed for effective air exchange to occur.

**Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency\***

ACH	Time (minutes) required for removal 99% efficiency	Time (minutes) required for removal 99.9% efficiency
2	138	207
4	69	104
6 <sup>+</sup>	46	69
8	35	52
10 <sup>+</sup>	28	41
12 <sup>+</sup>	23	35
15 <sup>+</sup>	18	28
20	14	21
50	6	8

\* <https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>

+ Denotes frequently cited ACH for patient-care areas.

## Determination of Employee Exposure (See chart on page 8)

- Employees are encouraged to report any exposure to a suspected or known patient with COVID-19.
- Exposure risk will be determined when possible based on CDC guidance listed below.
- Based on exposure risk, workers will be provided access to appropriate medical care.
- Reporting to appropriate agencies will be the responsibility of the treating healthcare provider.

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 ( <i>until 14 days after last potential exposure</i> )	Work Restrictions for Asymptomatic HCP
<b>Prolonged close contact with a patient with COVID-19 (beginning 48 hours before symptom onset) who was wearing a cloth face covering or facemask (i.e., source control)</b>			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves <sup>a</sup>	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None
<b>Prolonged close contact with a patient with COVID-19 (beginning 48 hours before symptom onset) who was not wearing a cloth face covering or facemask (i.e., no source control)</b>			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection <sup>b</sup>	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves <sup>a,b</sup>	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) <sup>b</sup>	Low	Self with delegated supervision	None

## Controls for Situations Arising in Case of Future Outbreaks of Infectious Disease

- In case of PPE shortages in office and vendor inventory shortages: email the FDA at [deviceshortages@fda.hhs.gov](mailto:deviceshortages@fda.hhs.gov), alert state health department, local health departments, and local health care coalition.
- In case of increased worker absenteeism, cross-training has taken place so employees may fill vacant roles. Patient appointments will be rescheduled if proper personnel or adequate number of personnel is unavailable. Work shifts may be staggered, as well as patient appointments. Downsizing operations will be done as appropriate, including closing office.
  - If there is a period of non-use after office closure:
    - Dental unit waterlines will be tested to ensure water quality that meets the EPA standards for safe drinking water (<500 CFU/mL). Water lines will be shocked if necessary. Regular maintenance will continue as usual (shocking and testing of water every 90 days).
    - All routine cleaning and maintenance of autoclaves and other instruments will be performed. Test sterilizers using biological indicator with matching control after a period of non-use prior to opening.
- PPE will continue to be maximized at every opportunity to prepare for the possibility of interrupted supply chains or delayed deliveries.

## REFERENCES

CDC – Coronavirus COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

OSHA -COVID-19.

<https://www.osha.gov/SLTC/covid-19/>

OSHA Guidance on Preparing Workplaces for COVID-19.

<https://www.osha.gov/Publications/OSHA3990.pdf>

# APPENDIX A -COVID – 19 PATIENT TRIAGE QUESTIONS



**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 past 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

**Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.**

- For testing, see the list of [State and Territorial Health Department Websites](#) for your specific area's information.

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## APPENDIX B – ASTM MASK LEVELS

<b>ASTM LEVEL 3</b>		
High Fluid Resistance	160 mmHg	<b>LEVEL 3</b>
Filtration Efficiency	BFE ≥ 98% PFE ≥ 98% @ 0.1 micron	
Breathability - Delta P	< 5.0 mm H <sub>2</sub> O/cm <sup>2</sup>	
Flame Spread	Class 1	
<b>ASTM LEVEL 2</b>		
Moderate Fluid Resistance	120 mmHg	<b>LEVEL 2</b>
Filtration Efficiency	BFE ≥ 98% PFE ≥ 98% @ 0.1 micron	
Breathability - Delta P	< 5.0 mm H <sub>2</sub> O/cm <sup>2</sup>	
Flame Spread	Class 1	
<b>ASTM LEVEL 1</b>		
Low Fluid Resistance	80 mmHg	<b>LEVEL 1</b>
Filtration Efficiency	BFE ≥ 95% PFE ≥ 95% @ 0.1 micron	
Breathability - Delta P	< 4.0 mm H <sub>2</sub> O/cm <sup>2</sup>	
Flame Spread	Class 1	
<b>LOW PERFORMANCE</b>		
Surgical Molded Utility Mask		
Physical Barrier Only		
No LEVEL Performance Level **		
Filtration Efficiency	N/A	
**Unless mask manufacturer certifies mask meets ASTM performance Level 1		

### Understanding ASTM Face Mask Performance Levels

FEATURE	EXPLANATION
Fluid Resistance	Mask resistance to penetration by synthetic blood under pressure (mmHg). Higher fluid resistance = Higher protection.
BFE - Bacterial Filtration Efficiency	Percentage of aerosol particles filtered at a size of 3 microns.
PFE - Submicron Particle Filtration Efficiency	Percentage of submicron particles filtered at 0.1 microns.
Delta P - Differential Pressure	Pressure drop across mask, or resistance to air flow in mmH <sub>2</sub> O/cm <sup>2</sup> . Greater resistance = better filtration but less breathability.
Flame Spread	Measures the flame spread of the mask material.

Provided by  
Crosstex

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## APPENDIX C – DONNING AND DOFFING PPE

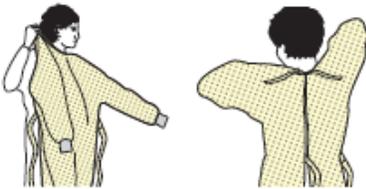
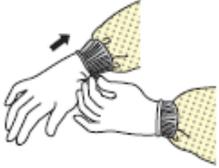
More than one donning/doffing method may be acceptable. Below is one example of this process.

### How to Put On (Don) PPE

1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct.
2. Perform hand hygiene using hand sanitizer.
3. Put on gown. Tie all of the ties on the gown or button/snap up to the neck area.
4. Put on NIOSH-approved N95 filtering facepiece respirator or higher. For procedures that do not generate aerosols, use a facemask if a respirator is not available.
  - Respirator: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
  - Facemask: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. Put on face shield or goggles. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. Perform hand hygiene before putting on gloves. Gloves should cover the cuff (wrist) of gown.
7. Healthcare personnel may now enter area where patient care is being delivered.

### SEQUENCE FOR DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required; e.g., Standard and Contact, Droplet or Airborne Infection Isolation.

- 1. GOWN**
  - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
  - Fasten in back of neck and waist
- 2. MASK OR RESPIRATOR**
  - Secure ties or elastic bands at middle of head and neck
  - Fit flexible band to nose bridge
  - Fit snug to face and below chin
  - Fit-check respirator
- 3. GOGGLES OR FACE SHIELD**
  - Place over face and eyes and adjust to fit
- 4. GLOVES**
  - Extend to cover wrist of isolation gown



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## How to Take Off (Doff) PPE

1. Remove gloves. Ensure glove removal does not cause additional contamination of hands.
2. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.
3. Healthcare personnel may now exit patient room.
4. Perform hand hygiene.
5. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. Remove and discard respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask.
  - o Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
  - o Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse.

### SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)

Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.

- 1. GLOVES**
  - Outside of gloves is contaminated!
  - Grasp outside of glove with opposite gloved hand; peel off
  - Hold removed glove in gloved hand
  - Slide fingers of ungloved hand under remaining glove at wrist
  - Peel glove off over first glovet
  - Discard gloves in waste container
- 2. GOGGLES OR FACE SHIELD**
  - Outside of goggles or face shield is contaminated!
  - To remove, handle by head band or ear pieces
  - Place in designated receptacle for reprocessing or in waste container
- 3. GOWN**
  - Gown front and sleeves are contaminated!
  - Unfasten ties
  - Pull away from neck and shoulders, touching inside of gown only
  - Turn gown inside out
  - Fold or roll into a bundle and discard
- 4. MASK OR RESPIRATOR**
  - Front of mask/respirator is contaminated — DO NOT TOUCH!
  - Grasp bottom, then top ties or elastics and remove
  - Discard in waste container

PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE

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## **Donning Used Respirator (N95 or Higher)**

1. Visually inspect the respirator to determine if its integrity has been compromised. Avoid touching the inside of the respirator.
2. Check that components such as the straps, nose bridge, and nose foam material did not degrade, which can affect the quality of the fit, and seal.
3. Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirators.
4. Apply clean gloves when donning and performing a user seal check.
5. If the integrity of any part of the respirator is compromised, or if seal check fails, do not use the respirator.

Negative/Positive SEAL CHECK – Perform each time the tight-fitting respirator is worn.

- Breath out -No air should be felt around the perimeter while blowing out. If you feel air coming out it is not a tight seal.
- Take a small breath in. The mask should pucker in slightly. If it does not, it is not a tight seal.
- If you cannot maintain a tight seal, the respirator cannot be used.
- Ensure the mask is breathable, if you are unable to breathe in the mask, the respirator cannot be used.

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## APPENDIX D – COVID-19 MEDICAL CONSULT



3646 Mount Elliott Street, Detroit, MI 48207  
(313) 626-2400 (office)  
(313) 921-4125 (fax)

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

To the office of: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Our patient \_\_\_\_\_; DOB \_\_\_\_\_, or their care giver, recently responded yes to one or more of the questions in our COVID-19 screening questionnaire (please see attachment). Based on this, we have elected not to proceed with dental care at this time and we are referring our patient to you for assessment and possible COVID-19 testing. Please inform us of your findings and your recommendation on when it is appropriate to provide routine dental care for our mutual patient.

Thank you

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**Physician Response:**

**Physician's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

