

Hagerman Dental Care  
1605 Minnehaha Ave. W. #101  
St. Paul, MN 55104  
651-646-2392  
<https://www.hagermandentalcare.com/>

Dear Patient:

We hope this letter finds you and your family in good health. Our community has been through a lot over the last few months, and all of us are looking forward to resuming our normal habits and routines. While many things have changed, one thing has remained the same, our commitment to your safety.

Infection control has always been a top priority for our practice and you may have seen this during your visits to our office. Our infection control processes are made so that when you receive care, it's both safe and comfortable. We want to tell you about the infection control procedures we follow in our practice to keep patients and staff safe.

Our office follows infection control recommendations made by the American and Minnesota Dental Associations (ADA, MDA), the Minnesota State Board of Dentistry, the U.S. Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA). We follow the activities of these agencies so that we are up-to-date on any new rulings or guidance that may be issued. We do this to make sure that our infection control procedures are current and adhere to each agencies' recommendations.

You will see some changes when it is time for your next appointment. We made these changes to help protect our patients and staff. For example:

- Our office will communicate with you beforehand to ask some screening questions. You'll be asked those same questions again when you are in the office. You can find this form on our website <https://www.hagermandentalcare.com> in "patient forms."
- State guidelines ask you to please wear a mask or face covering to be able to come into any place of business, as well as health care offices. We will provide a bag for you to put your face covering in during your appointment.
- We have hand sanitizer that we will ask you to use when you enter the office. You will find some in the reception area and other places in the office for you to use as needed.
- You may see that our waiting room will no longer offer magazines, children's toys, coffee, and so forth, since those items are difficult to clean and disinfect. A limited number of chairs will be utilized for social distancing and will be marked.
- We ask that only the patient who has an appointment come into the office, unless your child is the patient or an adult that needs your assistance.
- Appointments will be managed to allow for social distancing between patients. That might mean that you're offered fewer options for scheduling your appointment.
- We will do our best to allow greater time between patients to reduce waiting times for you, as well as to reduce the number of patients in the reception area at any one time.
- Please call our office from your car when you arrive for your appointment. One of our staff will call or text you when to come in for check in. Your temperature will be taken with a non-contact scan thermometer and a staff will go over the screening questions with you.

- Our staff will be wearing more protective equipment and each room will have an air purification system that can clean, purify air and remove pollutants, microbes and viruses.
- We will be trying to take payments with as little contact as possible. Credit cards are appreciated. You can also phone in your payment. We also have a new pay on line feature on our dental website. <https://www.hagermandentalcare.com/>
- Please check our dental office Facebook page for the most up to date news of any future mandated changes. <https://www.facebook.com/HagermanDentalCare/>
- As of the last decree, Monday, May 18<sup>th</sup> is our current reopening date!

We look forward to seeing you again and are happy to answer any questions you may have about the steps we take to keep you, and every patient, safe in our practice. To make an appointment, please call our office at 651-646-2392 or visit our website at <https://www.hagermandentalcare.com/>

Thank you for being our patient. We value your trust and loyalty and look forward to welcoming back our patients, neighbors and friends.

Sincerely,

*Dr. Steven R. Hagerman D.D.S.*

Dr. Steven R. Hagerman and Team

## COVID-19 PANDEMIC - PATIENT DISCLOSURES

This patient disclosure form seeks information from you that we must consider before making treatment decisions in the circumstance of the COVID-19 virus.

A weak or compromised immune system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition), can put you at greater risk for contracting COVID-19. Please disclose to us any condition that compromises your immune system and understand that we may ask you to consider rescheduling treatment after discussing any such conditions with us.

It is also important that you disclose to this office any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with the COVID-19 virus.

	<b>Yes</b>	<b>No</b>
Do you have a fever or above normal temperature?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced shortness of breath or had trouble breathing?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a dry cough?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a runny nose?	<input type="checkbox"/>	<input type="checkbox"/>
Have you recently lost or had a reduction in your sense of smell?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in contact with someone who has tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been tested for COVID-19 and are awaiting results?	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled outside the United States by air or cruise ship in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled within the United States by air, bus or train within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed to my provider any conditions in my health history which may result in a compromised immune system.

By signing this document, I acknowledge that the answers I have provided above are true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness