

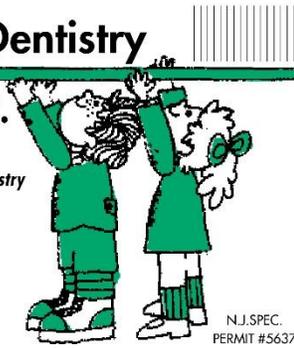
# Brick Pediatric Dentistry

## & Orthodontics, P.C.

Seymour Semah, D.M.D.

*Diplomate American Board of Pediatric Dentistry*

132 Drum Point Rd.  
Brick, NJ 08723  
(732) 920-9220



We hope that we are nearing an end to the crisis and this letter finds you and your family in good health. Our community has been through a lot over the last few months, and we are all 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 observed 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 for our patients and staff.

Our office adheres to infection control recommendations made by the American Dental Association (ADA), 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. Our HVAC system has been updated with higher level filtration units as well as air purification systems. Our sterilization processes between patients have been spruced, as you will surely see.

There will be some changes in place for your next appointment that we will need your cooperation with. We've instituted these changes to help protect both our patients and staff. Because appointments are now made in accordance with social distancing guidelines, this means there are fewer available options. There will no longer be any waiting inside the office; your child (and you) will be going directly into the treatment rooms. There will be no more books, magazines, or toys. Please, bring your own, if you desire!

**It is also imperative that you be on time.** Please plan to be here at least 5 minutes prior to your scheduled visit or **you may have to be rescheduled!!!**

- We will email you a health screening questionnaire form immediately upon scheduling your appointment. You can either fill it out and send it back to [BPDOXRAYS@GMAIL.COM](mailto:BPDOXRAYS@GMAIL.COM) or you can bring it with you. **If you do not have it ready, it may delay your appointment. If you are at high risk, you may be rescheduled.**
- **Only the patient is allowed to enter the building with 1 parent, if necessary.** If your child is old enough to come in alone, we ask him/her to do so. Our goal is to limit the quantity of people and the time of extra exposure. No other family will be allowed in...you must wait outside if you have other children with you.
- You may send your child in with a cell phone for communication if you stay outside.
- Your child's temperature will be taken. If you accompany him/her in, yours will be as well. If any temperature is elevated, you may be sent home. If you show signs or symptoms of illness, you may be sent home.

- When you get to the office please call us at **(732)920-9220** and someone will come greet you at the front door and escort you directly to your room where you will be asked to use hand sanitizer.
- MASKS must be worn properly by everyone, except during treatment.
- We will do our best to make treatment prompt and swift.

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.

We thank you for the confidence that you have and continue to show in us. We value your trust and loyalty and look forward to welcoming back our patients, neighbors and friends.

Please sign below that you have read our new patient agreement and agree to abide by our policies. By signing, you are also giving us consent to treat your child and acknowledging that you understand that no matter how many precautions we take, there is never a 100% guarantee that communicable diseases cannot be spread in the dental office.

Thank you for your understanding and cooperation,

Dr. Semah and the BPDO staff

---

Print Name

---

Date

---

Sign Name