



For the safety of our temps, please fill in your information, check that you are following all dental guidelines for reopening, and sign below.

Date _____

Dr. Name _____

Name of Practice _____

Address 1 _____

Address 2 _____

Email _____

Our office follows 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). Again, we Follow all recommended procedures made by the aforementioned agencies to minimize risk of Covid-19 to temping staff, permanent staff and patients.

Our office will provide temps with the PPE needed to safely work in our office for the day.

Dr. Signature
