



Stevens Health Alliance

APPOINTMENT QUALIFICATION

Patient acceptance of treatment and understanding that my condition is considered to qualify as one that can be considered for treatment under the guidelines of the Washington State Proclamation of 3-18-20 that allows for treatment only for those Medical Dental patients who are **At-Risk, Susceptible to the Wuhan Virus, or Susceptible to an exacerbation of conditions if treatment is cancelled or delayed.**

As a patient, I understand that Airway compromise, renders me more susceptible to the Wuhan Virus and understand that such conditions have led to, or can lead to hospitalization, worsening of symptoms and, in some cases, death.

Signs symptoms and conditions of Airway Compromise include, but not limited to:

- Fatigue
- Snoring,
- Sleep Disorders
- TMJ Disorders
- Chewing/Biting Disorders
- Tinnitus

These conditions can further deteriorate when combined with comorbidities

Conditions of:

- Cardiovascular
- Thyroid
- Diabetes
- Headaches, Neckaches, Backaches

Other

I understand the importance of my appointment and it is my position that my condition warrants my timely appointments to continue or initiate treatment to avoid complications and potential for the state of my health to decline if my care program is delayed.

I also understand that my airway compromise makes me more susceptible to infection by the Wuhan Virus and this appointment can result in reducing my susceptibility to the virus and hence preventing serious sequelae in the unforeseeable future. .

Signed _____ Date _____