

## COVID 19 Nevada Dental Practice Survey

**Please submit one survey response per dental practice location. If more than one dentist practices at a location, please designate one person to respond to the questions. Thank you!**

1. During this crisis, what is the estimated number of true dental emergencies that this dental practice location anticipates to treat on a weekly basis? Please refer to the ADA definition of dental emergency.

(<https://www.ada.org/en/publications/ada-news/2020-archive/march/ada-develops-guidance-on-dental-emergency-nonemergency-care>)

2. Are you currently treating dental emergencies in your practice?

- Yes
- No
- Other (please specify)

3. What type of practice is this?

- Endodontist
- General Practice
- Oral and Maxillofacial Surgeon
- Orthodontist
- Pedodontics
- Periodontist
- Prosthodontist

4. As of March 1st, how many team members were employed at this practice?

DMDs

RDHs

Assistants

Staff members (front office,  
billing, managers, etc.)

5. By April 30th , how many team members are anticipated to be employed at this practice?

DMDs

RDHs

Assistants

Staff members (front office,  
billing, managers, etc.)

6. Does this dental practice location meet the qualifications for treating aerosol generating dental emergencies safely (i.e., in a closed room that can contain aerosol)

- Yes, this dental practice location meets the qualifications of treating dental emergencies safely and I am willing to be a regional "host site" for dental emergency treatment.
- No, this dental practice location does not meet the qualifications of treating dental emergencies safely and I would like to be notified of a "host site" in my region where I can treat my patients who have dental emergencies.
- I don't know
- Other (please specify)

7. Optional: What is the current supply of Personal Protective Equipment (PPE) at this dental practice location that you would feel comfortable donating? Please check all that apply, add amounts in comment box

- N95 Masks
- Surgical gloves
- Surgical hats
- Impermeable gowns
- Face shields
- Prefer not to answer
- Please specify sizes and amounts of what you have

8. Are there dental team members who have been fitted for an N95 mask at this location?

- Yes
- No
- If yes, please specify number and type (e.g., 2 dentists, 1 EFDA, 1 CDA)

9. Are you willing to volunteer at a regional dental emergency treatment hub to provide emergency dental care?

Yes

No

If yes, please provide your name, email, and phone number:

10. How best can the Nevada dental community support the profession of dentistry during this crisis?

11. Please enter your practice information:

Practice Name and  
specialty(if applicable)

Practice Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address

12. Comments:

Is there anything else we should know?