

COVID-19 Pandemic Dental Treatment Consent Form

I, _____, knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing.

Dental procedures can produce ultra-fine water spray with the potential of spreading the virus. To address the potential for spreading the virus through ultra-fine water spray and ensure a clean environment, our office is increasing time between appointments, treating exposed surfaces with evidence-based decontaminate solutions, and adjusting patient flow to accomplish social distancing guidelines.

- I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office. _____ (Initial)
- I have been made aware that current information for ADA and CDC guidelines regarding COVID-19 can be found on their respective websites.

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Fever
- Shortness of breath
- Runny nose
- Dry cough
- Sore throat
- _____ (initial)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. The CDC currently recommends social distancing of at least 6 feet for a period of 14 days to anyone in this situation, however it is not possible with dentistry.

_____(initial)

- I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19. _____(initial)
- I verify that I have not travelled domestically within the United States by commercial airline, bus, or train within the past 14 days. _____(initial)
- If either of these have occurred, I will attempt to reschedule my appointment to meet these guidelines. _____ (initial)

Name _____

Date _____