



COVID-19 Pandemic Dental Treatment Consent Form

You are receiving dental care during the events of a COVID-19 National Emergency. Please be advised that there may be risks in being in the proximity of dentists, patients, or staff. We are taking precautions to limit the spread of disease, yet there is still a possibility of transmission.

Our Commitment to our patients:

Although the period of confinement has been lifted by state officials, we want to assure you that we are taking continuous steps to ensure that our office remains a safe place for every patient. It's important for you to know that dentists are experts in infection control. We have been trained to prevent the spread of infectious diseases such as flu, HIV, hepatitis, and tuberculosis. The precautions we take every day will also help prevent the spread of the coronavirus.

We follow precautions developed by the CDC to protect both health care personnel and patients. We sterilize all instruments after each use and clean each dental operator after each patient visit, using surface disinfectants that kill all known infectious diseases, including coronavirus. Dedicated hand washing and one-time use disposable materials also help maintain a safe environment for our patients. Our team is trained annually in these procedures as a requirement to maintain licenses and employment.

We've ensured that our cleaning team has a sufficient stock of supplies. We have asked them to apply additional focus and time on cleaning door handles, faucets, and other items with high-traffic hand touches. Magazines in our waiting areas are also a risk from frequent contact, so they have been removed.

Seeing your dentist is a vital investment for your general health. **Our office is open to care for our patients following the above guidelines. If you have a fever, are exhibiting symptoms of respiratory illness, or have had recent contact with someone who has tested positive for COVID-19, you may be a risk to other patients or staff members. If you are experiencing fever (greater than 100.4F), cough, or shortness of breath, we reserve the right to reschedule your appointment and ask that you contact your primary care physician immediately.**

I (patient/guardian), _____, 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.

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

- Fever
- Shortness of Breath
- Dry Cough
- Runny Nose
- Sore Throat
- _____ (Initial)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And the CDC recommends social distancing of at least 6 feet for a period of 14 days to anyone who has, and this 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 traveled domestically within the United States by commercial airline, bus, or train within the past 14 days. _____ (Initial)

Signature of patient/guardian _____ Date _____