

Oral Health Care LLC

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COVID -19 Pandemic Dental Treatment Consent Form

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

_____(Initial) 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 create water spray which is how the disease is spread. The ultrafine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus. The CDC recommends social distancing of at least 6ft for a period of 14 days to anyone who has been exposed. I understand that social distancing is not possible with dentistry.

_____(Initial) 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 acknowledge that the dental office is following all guidelines provided by the CHC, ADA, and ODA.

_____(Initial) I confirm that I am not presenting any of the following symptoms of COVID-19 listed in the past 21 days

Fever	Runny Nose
Shortness of Breath	Sore Throat
Loss of taste/smell	Gastrointestinal Upset
Dry Cough	Headache/Fatigue

Do you have any of the following: *Heart Disease, Lung Disease, Kidney Disease, Diabetes, or any Auto-Immune Disorders* (Circle) **YES** **NO**

_____(Initial) I have not been in known contact with any confirmed COVID-19 positive patients.

_____(Initial) I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus.

_____(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 in the past 14 days by commercial airline, bus, or train within the past 14 days.

Sign: _____ Date _____

Office Use Only

Temperature: _____ Date: _____ Temperature: _____ Date: _____

Temperature: _____ Date: _____ Temperature: _____ Date: _____