

COVID-19 Pandemic Emergency Dental Treatment Consent Form

Patient Name: _____

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.

While our office complies with State Health Department and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, we cannot make any guarantees.

Our staff are symptom-free and, to the best of their knowledge, have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other patients) could be infected, with or without their knowledge.

(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 there is an elevated risk of contracting the virus simply by being in a dental office.

(initial) I confirm that I or my child is 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 the 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 or my child has not traveled outside of California nor ridden any commercial airline, bus, or train in the past 14 days.

(initial) I verify that I or my child has not had contact with anyone who has been suspected of contracting Covid-10 or anyone with cold/flu symptoms in the last 14 days.

As the patient or the guardian of the patient, I certify that the above is true and knowingly and willingly consent to have orthodontic treatment on myself or on my child.

Signature (patient/guardian) _____

Date _____

-----Office Use Only-----

I acknowledged the above and confirm answers for above statements remain the same

Date _____ Initial _____

Date _____ Initial _____

Date _____ Initial _____

Date _____ Initial _____

Date _____ Initial _____

Date _____ Initial _____

Date _____ Initial _____

Date _____ Initial _____

Date _____ Initial _____