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**COVID-19 Pandemic Dental Consent Form**

I, \_\_\_\_\_, knowingly and willingly consent to having 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 create water spray which is how the disease is spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus.

Do you have a fever or have you felt hot/feverish recently (14-21 days)?	Yes / No
Are you having shortness of breath or other difficulty breathing?	Yes / No
Do you have a cough?	Yes / No
Do you have any flu-like symptoms including gastrointestinal upset, headache, or fatigue?	Yes / No
Have you experienced a recent loss of taste or smell?	Yes / No

- I confirm that I have not traveled domestically or internationally by airline, bus, or train in the past 14 days. \_\_\_\_\_(Initial)
- I confirm that I have not been in contact with anyone who is confirmed COVID-19 positive or presents with symptoms in the past 14 days. \_\_\_\_\_(Initial)

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_