

COVID-19 Pandemic Emergency 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 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.

- I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of the 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:
_____ (Initial)

- Fever
- Shortness of breath
- Dry cough
- Runny nose
- Sore throat

Patient/Guardian

Signature: _____

Date: _____

*Please inform us if you have travelled in the last 14 days to any states currently considered "hot spots" by the CDC. We may decide to postpone your appointment, and are approaching this on a case by case basis.