



SANFORD SMILES
FAMILY DENTISTRY

Dental Treatment Consent Form

COVID-19

Dear Patient,

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. In addition to our already rigorous daily sanitizing procedures, we will continue to go above and beyond these guidelines in recommendation of the CDC, OSHA, and other health organizations. We are increasing the frequency of cleaning and disinfecting of the lobby, dental exam chairs, equipment, bathrooms, and all other areas of high traffic, yet there is still a possibility of transmission. Please sign below as your consent for treatment and understanding of risk of exposure.

Print Full Name

Signature

Date