# COVID-19 Dental Treatment Consent Form

1. I, _____, knowingly and willingly consent to have dental treatment completed during the COVID-19 2020 year. 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. It is unclear as to how long the ultra-fine nature of the spray may linger in the air or on surfaces, which can transmit the COVID-19 virus.I am aware of the CDC and ADA guidelines being followed at this office including available PPE and basic screening protocols._____(Initial)
2. I confirm I am seeking dental treatment for a condition and give my consent, thus accepting any risks. _____ (Initial)
3. I confirm that I am not presenting any of the following symptoms of COVOID-19 including those listed below: Fever,Shortness of Breath,Loss of Sense of Taste or Smell,Dry Cough, Runny Nose, Sore Throat _____ (Initial)
4. I understand that air travel significantly increases my 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)
5. I verify that I have not traveled outside the United States or to any locations affected by COVID-19 in the past 14 days. _____ (Initial)
6. I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days. _____(Initial)
7. I verify that I am aware of COVID-19 testing risks for inaccuracy including false positive and false negative results. _____(Initial).

Name_____Date_____

Dentist Signature:_____Date_____

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