

COVID-19 DENTAL TREATMENT AND ACKNOWLEDGEMENT OF RISK

Date: _____

Patient: _____

DOB: _____

Our goal is to provide a safe environment for our patients and staff, and to advance the safety of our local community. This document provides information we ask you to acknowledge and understand regarding the COVID-19 virus. The COVID-19 virus is a serious and highly contagious disease with different viral strains. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. Our practice wants to ensure you are aware of the additional risks of contracting COVID-19 associated with dental care. The COVID-19 virus has a long incubation period. You or your healthcare providers may have the virus and not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated due to many factors. Due to the frequency and timing of visits by other dental patients, the characteristics of the virus, and the characteristics of dental procedures, there is an elevated risk of you contracting the virus simply by being in any medical or dental office. Dental procedures create water spray which is one way the disease may spread. The ultra-fine nature of the water spray can linger in the air and on surfaces for a long time, allowing for transmission of the COVID-19 virus to those nearby. You cannot wear a protective mask over your mouth to prevent infection during dental treatment as your healthcare providers need access to your mouth to render care. This may leave you more vulnerable to COVID-19 and other transmission while receiving dental treatment. Pursuant to statements from the Center for Disease Control (CDC) and the American Dental Association(ADA), non-essential or elective treatment, based on the assessment of our staff, is solely based upon your consent for treatment including risks. I confirm that I have read the Notice above and understand and accept that there is an increased risk of contracting the COVID-19 virus in the dental office or with dental treatment. I also acknowledge that I could contract the COVID-19 virus from outside this office and unrelated to my visit here. I have read and understand the information stated above and asked any questions I may have prior to signing and providing my consent for treatment.

Patient (or Legal Guardian)

Signature

Date /Time

Doctor (or Staff)

Signature

Date/ Time