



**COVID-19 PANDEMIC DENTAL TREATMENT
NOTICE AND ACKNOWLEDGEMENT OF RISK**

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. 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 associated with contracting COVID-19 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 has been infected by COVID-19 is challenging and complicated due to limited availability for virus testing.

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 the dental office.

Dental procedures create water spray which is one way the disease is spread. The ultra-fine nature of the spray can linger in the air for a long time, allowing the transmission of the COVID-19 virus to those nearby.

You cannot wear a protective mask over your mouth to prevent infection during treatment as your healthcare providers need access to your mouth to render care. This leaves you vulnerable to COVID-19 transmission while receiving dental care.

Pursuant to statements from the Centers for Disease Control (CDC), Department of Health (DOH), the American Dental Association (ADA) and the Pennsylvania Dental Association (PDA), dental treatment will be scheduled or rescheduled based on the guidelines provided at this time. 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 further confirm that I am seeking treatment for a condition or procedure that meets the criteria provided by governing authorities. I understand and accept the additional risk of contracting COVID-19 from contact at this office. I also acknowledge that I could contract COVID-19 outside this office and unrelated to my visit here.

I have read and understand the information stated above:

Patient Name: _____

Signature of patient, parent or guardian: _____

Date: _____ Time: _____