

COVID-19 Pandemic Dental Treatment Consent Form

Name: _____ **Date:** _____

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. Our office is complying with the recommendations from CDC and prevention infection control to prevent the spread of the COVID-19 virus, we can not make any guarantees.

Our staff is symptom free and the best of our knowledge have not been exposed to the virus. However, since we are a place of public accommodation, other persons including other patients could be infected, with or without their knowledge.

Our staff will be following the necessary PPE to ensure everyone's safety. Clinical staff will have N95 masks/Level 3 masks, face shields, and high suction volumes. Distinct areas of the office have air purifiers with HEPV filters. We have minimal interaction in our waiting room, and will text you from your car when we are ready for your appointment.

Temperature of Patient prior to Appointment : _____

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Fever _____ (Initial)
- Shortness of Breath _____ (Initial)
- Dry Cough _____ (Initial)
- Runny Nose _____ (Initial)
- Sore Throat _____ (Initial)
- Sudden loss of smell or taste _____ (Initial)
- Within the last 14 days I have not traveled to a foreign country _____ (initial)
- Within the last 14 days I have not traveled within the United States _____ (initial)
- I have tested positive to COVID-19. (Mark one) **Yes or No**
- I was exposed to COVID-19 and self-quarantined for 2 weeks (Mark one) **Yes or No**

Dental procedures create water spray and droplets which is a way the COVID-19 can spread. The ultra-fine nature of the spray can linger in the air for a variable period of time which may transmit the COVID-19 Virus.

- I understand that due to the nature of dental procedures, potential high patient volumes, and the characteristics of viral transmission, I can have an elevated risk of contracting the virus simply by being present in the dental office. _____ (Initial)
- I am seeking treatment despite these potential factors for COVID-19 transmission and consent to be treated today. _____ (Initial)

Signature : _____ Date: _____