

COVID-19 Pandemic Dental Treatment Consent Form

I, _____, knowingly and willingly consent to have emergency dental treatment completed during the COVID-19 pandemic.

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 currently impossible to determine who has it and who does not, given the current limits in virus testing. Certain Dental procedures create water spray which is one way that the disease can spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus.

- I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of the dental procedures, that I have an elevated risk of contacting the virus simply by being in a dental office. _____ **(Initial here)**
- I confirm that I have not visited with anyone in the hospital or a senior living facility since March 15th without use of PPE (Personal Protective Equipment) _____ **(Initial here)**
- I confirm that I have not attended a gathering of over 50 people in close quarters since March 15th. _____ **(Initial here)**

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

- Fever – Rash – Hives – Chills – Shaking with chills – Muscle pain
 - Shortness of Breath – Headache
 - Dry Cough – Runny Nose – Sore Throat
 - New or altered sensational smell or taste
- _____ **(Initial here)**

- I understand the CDC recommends social distancing of at least 6 feet for a period of 14 days to anyone, and this is not possible with dentistry. _____ **(Initial here)**

- I verify that I have not traveled outside the USA in the past 14 days to countries that have been affected by COVID-19. _____ **(Initial here)**

Name: _____ **Date:** _____