

COVID-19 PANDEMIC DENTAL TREATMENT CONSENT FORM

I, _____, knowingly and willingly consent to have 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 impossible to determine who has it and who does not, given the current limits in virus testing.

Dental procedures create water spray which is one of the ways in which the disease is 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 dental procedures that I have an elevated risk of contracting the virus simply by being in the dental office. _____ **(Initials)**
- I have been made aware by the CDC, ODA and ADA guidelines that under the current pandemic all non-urgent dental care is not recommended. Dental visits should be limited to the treatment of pain, infection, conditions that significantly inhibit normal operation of the teeth and mouth, and issues that may cause anything listed above within the next 3 – 6 months. _____ **(Initials)**
- I confirm that I am not presenting with any of the following symptoms of COVID-19:
 - Fever
 - Shortness of Breath
 - Dry Cough
 - Runny Nose
 - Sore Throat_____ **(Initials)**

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus and that the CDC recommends social distancing of at least 6 feet for a period of 14 days to anyone who has. I understand that this is not possible with the delivery of dental care.

- I verify that I have not traveled outside the U.S. in the past 14 days to countries that have been affected by COVID-19. _____ **(Initials)**
- I verify that I have not traveled domestically within the U.S. by commercial airline, bus or train within the past 14 days. _____ **(Initials)**

Signature

Printed Name

Date