

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 visits will look very different for the time being. Your dental staff will look very different as well.

Dental procedures create water spray. It is unclear as to how long the ultra-fine nature of the spray may linger in the air, which can transmit the COVID-19 virus

Patients are to arrive for appointment with a mask.

Patients are to come alone for dental visits unless parent/ or guardian is needed.

If arriving with another person, they must also follow the same guidelines as patient.

Patients will have to sanitize hands, have Temperature taken, obtain pulse ox reading and have consent signed upon arrival.

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

- Fever
- Shortness of breath
- Loss of Sense of Taste or Smell
- Dry Cough
- Runny nose
- Sore Throat
- _____ (initial)
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I understand that maintaining 6ft social distance is not possible with dentistry.

Name _____ Date _____