

COVID-19 Pandemic Emergency Dental Treatment Consent Form

I, _____, knowingly and willing 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 contagious. It is impossible to determine who has it and who does not given the current limits in virus testing.

Dental procedures create water aerosols which is how the disease could 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 a dental office. _____ **(initial)**
- I have been made aware of the CDC, ODA, and ADA guidelines that under the current pandemic, dental visits may be limited to the treatment of pain, infection, conditions that inhibit normal operation of teeth and mouth. _____ **(initial)**

I am not presenting any of the following symptoms of COVID-19 as listed below in the past 14 days:

- Fever (above 100 degrees)
- Shortness of Breath
- Dry Cough _____ **(initial)**
- Flu-like symptoms
- Loss of taste or smell

****Have you been in contact with any confirmed COVID-19 positive patients? YES / NO**

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

- I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days. _____ **(initial)**

Patient Name _____

Date _____

Signature _____