



Kruckman FAMILY DENTISTRY

Patient Temp: _____

Parent along: _____ Parent Temp: _____

COVID-19 Pandemic Dental Treatment Consent Form

Even after following protocols set by the American Dental Association and our state's dental association, it is still possible to contract COVID-19 while at a dental office. We are following all guidelines to minimize the risk of transmission.

- I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic. I understand that the COVID-19 virus has a long incubation period during which carriers of this virus may not show symptoms and may still be highly contagious. _____ **(Initial)**
- I understand that – due to the frequency of visits of other dental patients, the characteristics of the COVID-19 virus, and the characteristics of dental procedures – I have an elevated risk of contracting the COVID-19 virus simply by being in a dental office. _____ **(Initial)**
- I confirm that I am not presenting any of these COVID-19 symptoms: _____ **(Initial)**
 - Fever
 - Shortness of breath
 - Dry cough
 - Runny nose
 - Sore throat
 - Loss of taste or smell
- I confirm that I have not been in contact with a person who has been diagnosed with COVID19 within the past 14 days. _____ **(Initial)**
- I confirm that I am not awaiting COVID-19 results. _____ **(Initial)**
- 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 six feet for a period of 14 days to anyone who has recently traveled, and this is not possible with dentistry. _____ **(Initial)**
- I verify that I have not traveled outside the United States in the past 14 days. _____ **(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)**

Printed name: _____
(Patient)

Date of birth: _____
(Patient)

Signature: _____
(Patient or legal guardian)

Today's date: _____

Additional Form on back →

Dental Treatment in the Era of COVID-19

Patient: _____

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as “Coronavirus” at any time or in any place. Be assured that we have always followed state and federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of all diseases in our office and continue to do so.

Despite our careful attention to sterilization, disinfection, and use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be at your gym, grocery store, or favorite restaurant. “Social Distancing” nationwide has reduced the transmission of the Coronavirus. Although we have taken measures to provide social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, dentist, dental staff and sometimes other patients at all times.

Although exposure is unlikely, by signing below, you:

Accept the risk and consent to treatment.

Patient/Guardian Signature: _____

Are **unwilling** to accept the risk and consent to treatment.

Patient/Guardian Signature: _____

Date: _____