

COVID-19 Pandemic Dental Treatment Consent Form

I, (Print Name) _____, 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 virus testing. Dental procedures created water spray, the known cause of the disease 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 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.

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

Fever

Shortness of breath

Dry cough

Runny Nose

Sore throat

Muscle Pain

Chills

Recent loss of smell/taste

The CDC recommends social distancing of at least 6 feet and this is not possible during dental treatment.

I understand and acknowledge the above statements and wish to proceed with dental treatment at this time.

Signature _____

Date _____