



## 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 am aware of the Center for Disease Control guidelines, the recommendations of the American Dental Association, and Local / State Public Health Mandates. I understand that the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious.

- I understand Dental procedures create water spray (aerosols) which allows the disease to spread. The ultra-fine nature of the spray can be 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 setting.
- I confirm that I do not have any of the following symptoms of COVID-19: fever, shortness of breath, dry cough, runny nose, sore throat currently, or for the last 14 days.
- I understand that the CDC recommends social distancing of at least 6 feet and that this is not possible in dentistry.
- I confirm that I have not been in contact with a person that has been diagnosed with COVID-19 within the last 14 days.
- I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus.
- I verify that I have not traveled outside the United State in the last 14 days.
- I agree that, if I were to exhibit any symptoms of, or am diagnosed with, COVID-19, I will immediately contact my dentist so that proper steps can be taken to limit the spread of this contagion.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date