

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 procedures create water spray (which may contain aerosolized saliva). 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.

_____(Initial) I have been made aware that there are risks regarding receiving dental treatment during the Covid-19 pandemic.

_____(Initial) I confirm that I am not presenting any of the following symptoms listed below:

- | | |
|------------------------------|---|
| · Fever or chills | · Headaches |
| · New Loss of taste or smell | · Fatigue |
| · Sore Throat | · Shortness of breath or difficulty breathing |
| · Congestion or runny nose | · Cough |
| · Nausea or vomiting | · Diarrhea |

_____(Initial) I understand that the CDC recommends social distancing of at least 6 feet, and this is not possible with dentistry.

_____(Initial) I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19.

Have you been fully vaccinated against COVID-19? ____yes ____no

Signature of Patient or Responsible Party_____ Date_____