

COVID-19 Pandemic Dental Treatment & Oral Hygiene Consent Form

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like the cold or the flu, you may be exposed to COVID-19, also known as "Coronavirus", at any time or 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, it is not possible to maintain social distancing between the patient, doctor or office staff and sometimes other patients at all times.

Dental procedures create water spray. 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.

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

- . Fever
- . Shortness of Breath
- . Loss of Sense of Taste or Smell
- . Dry Cough
- . Runny Nose
- . Sore Throat
- . _____ (Initial)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And the CDC recommend 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)

Although exposure is unlikely, do you accept the risk and consent to treatment?

Yes _____ No _____

Patient/Parents Signature

Date

