# MY FAMILY DENTAL

## 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 very difficult, if not impossible, to determine who is contagious and poses a risk given the current challenges in virus testing.

1. I understand that dental procedures create water spray which is a manner COVID-19 is spread, and the ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the virus.

Initials: _____

2. Despite heightened clinical protocols at my dental office, I understand that there is an elevated risk of contracting the virus due to:

- Visiting a dental office
- Exposure to other dental patients
- Characteristics of the virus
- Characteristics of dental procedures

Initials: _____

3. I confirm that I am not presenting with, nor have I had any of the following symptoms of COVID-19 listed below over the last two weeks:

- Fever
- Shortness of Breath
- Dry Cough
- Runny Nose
- Sore Throat
- Gastrointestinal issues such as diarrhea

Initials: _____

4. I understand the CDC recommends social distancing of at least 6 feet which is not possible while providing dental treatment.

Initials: _____

5.I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. I verify that I have not traveled domestically or internationally by commercial transportation within the past 14 days.

Initials: _____

6. I verify that I have not had contact or interactions with anyone who, to my knowledge, has tested positive for COVID-19 in the past 14 days.

Initials: _____

Patient First & Last Name: _____ Birthdate: _____

Signature: _____ Date: _____