

COVID-19 Pandemic Dental Treatment Consent Form

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. Given the current limits of COVID-19 virus testing, it is impossible to determine who is infected with COVID-19 and who is not. Some dental procedures create aerosols which is how the disease can be transmitted. The ultra-fine nature of aerosol spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus. \_\_\_\_\_(Initial)

\*I understand that due to the scheduling frequency of appointments of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, that I / my child/ patient (s) have an elevated risk of contracting the virus simply by being in a dental office. \_\_\_\_\_(initial)

Trace instructions: Please contact our office if anyone from your household has COVID-19 symptoms within 14 days after dental appointment. In the event of exposure to COVID-19 during your dental appointment we will notify you according to the CDC guidelines at the contact information you provide below. Contact information: Cell phone number with voicemail availability or email address: \_\_\_\_\_

\_\_\_\_\_

If the answers vary for different household members, please fill out a separate form for those individuals. If all answers are the same for all parties one form is acceptable.

\*I confirm that patient (s) / I have not been in contact with someone who has tested positive for COVID-19 in the last 14 days. \_\_\_\_\_(Initial)

\*I confirm that patient (s) / I have not tested positive for COVID-19. \_\_\_\_\_(Initial)

\*I confirm that patient (s) / I are NOT presenting any of the following symptoms of COVID-19 that are listed below today or in the past 14 days:

\*Recently lost your sense of smell or taste

\*Fever

\*Shortness of Breath

\*Dry Cough

\*Runny Nose

\*Sore Throat

\_\_\_\_\_ (Initial)

\*I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. The CDC recommends social distancing of at least 6 feet for a period of 14 days to anyone who has been exposed which is not possible during the dental treatment procedures and therefore you would be putting our staff and others at risk. \_\_\_\_\_(Initial)

\*I verify that patient (s) / I have NOT traveled in the past 14 days to countries that have been affected by COVID-19. \_\_\_\_\_(Initial)

\*I verify that patient (s) / I have NOT traveled domestically within the United States by commercial airline, bus, or train within the past 14 days. \_\_\_\_\_(Initial)

I am knowingly and willingly consenting to these procedures for myself / my child with the full understanding and disclosure of such risks and alternatives associated with the COVID-19 pandemic, and all my questions were answered to my satisfaction. I am knowingly and willingly consenting to voice message and/or email communication.

\*\*Please list all patients being seen today and whomever accompanied patients:

\_\_\_\_\_  
\_\_\_\_\_

COVID-19 PANDEMIC EMERGENCY DENTAL TREATMENT  
NOTICE AND ACKNOWLEDGEMENT OF RISK FORM

Our goal is to provide a safe environment for our patients and staff, and to advance the safety of our local community. This document provides information we ask you to acknowledge and understand regarding the COVID-19 virus.

The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. Our practice wants to ensure you are aware of the additional risks of contracting COVID-19 associated with dental-care.

The COVID-19 virus has a long incubation period. You or your healthcare providers may have the virus and not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated due to limited availability for virus testing.

Due to the frequency and timing of visits by other dental patients, the characteristics of the virus, and the characteristics of dental procedures, there is an elevated risk of you contracting the virus simply by being in a dental office.

Dental procedures create water spray which is one way the disease is spread. The ultra-fine nature of the water spray can linger in the air for a long time, allowing for transmission of the COVID-19 virus to those nearby.

You cannot wear a protective mask over your mouth to prevent infection during treatment as your health care providers need access to your mouth to render care. This leaves you vulnerable to COVID-19 transmission while receiving dental treatment.

Pursuant to statements from the Center for Disease Control (CDC) and the American Dental Association (ADA), nonessential or elective treatment, based on the assessment of our staff, will be rescheduled. According to the ADA, dental emergencies are "potentially life threatening and require immediate treatment to stop ongoing tissue bleeding [or to] alleviate severe pain or infection." The ADA also recommends that urgent dental care which "focuses on the management of conditions that require immediate attention to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments" be provided in as minimally invasive a manner as possible.

I confirm that I have read the Notice above and understand and accept that there is an increased risk of contracting the COVID-19 virus in the dental office or with dental treatment, I further confirm I am seeking treatment for a condition that meets the emergent or urgent criteria noted above. I understand and accept the additional risk of contracting COVID-19 from contact at this office. I also acknowledge that I could contract the COVID-19 virus from outside this office and unrelated to my visit here.

I have read and understand the information stated above:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_