

**Covid 19 Pandemic Dental Treatment Consent Form**

This patient disclosure form seeks information from you that we must consider before making treatment decisions in the circumstance of the Covid-19 virus.

A weakened or compromised immune system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment radiation, chemotherapy, and any prior or current disease or medical condition), can put you at greater risk for contracting COVID-19. Please disclose to us any condition that compromises your immune system and understand that we may ask you to consider rescheduling treatment after discussing any such conditions with us.

Even after following protocols set by the American Dental Association and our state's dental association, it is still possible to contract COVID-19 while at a dental office. We are following all guidelines to minimize the risk of transmission.

I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic. I understand that the COVID-19 virus has a long incubation period during which the carriers of this virus may not show symptoms and may still be highly contagious. \_\_\_\_ (initial)

I understand that due to the frequency of visits of other dental patients, the characteristics of the COVID-19 virus, and the characteristics of dental procedures, I have an elevated risk of contracting the COVID-19 virus simply by being in a dental office. \_\_\_\_ (initial)

I confirm that I am not presenting any of these COVID-19 symptoms: \_\_\_\_ (initial)

FEVER

SHORTNESS OF BREATH

DRY COUGH

RUNNY NOSE

SORE THROAT

RECENT LOSS OR REDUCTION IN YOUR SENSE OF SMELL

Have you been tested for COVID-19 and are awaiting the results. Yes \_\_\_\_ No \_\_\_\_

I confirm that I have not tested positive for COVID-19. \_\_\_\_ (initial)

I confirm that I have not been in contact with a person who has been diagnosed with COVID-19 within the past 14 days. \_\_\_\_ (initial)

Next page →

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And the CDC recommends social distancing of at least 6 feet for a period of 14 days to anyone who has recently traveled, and this is not possible with dentistry. \_\_\_\_ (initial)

I verify that I have not travelled outside the United States in the past 14 days. \_\_\_\_ (initial)

I verify that I have not traveled domestically within the United States by commercial airline, bus or train within the past 14 days. \_\_\_\_ (initial)

Printed name \_\_\_\_\_

Date of birth \_\_\_\_\_

Signature \_\_\_\_\_

Today's date \_\_\_\_\_