

COVID-19 Pandemic Emergency Dental Treatment



I, _____, knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.

I understand then COVID-19 virus has a long incubation period during which carries 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 is how the disease is spread, The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus.

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

I confirm that I am not presenting nor have I presented any of the following symptoms of COVID-19 listed below in the past 14 days:

- 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 and the CDC recommends social distancing of at least 6ft for a period of 14 days to anyone who has, and this is not possible with dentistry. _____(Initial)

- I verify that I have not traveled outside the United States in the past 14 days that has been affected by the COVID-19. _____(Initial)
- I verify that I have not traveled domestically within the United States or outside the surrounding United States area by commercial airline, bus, train and car with the past 14 days. _____(Initial)

Since the nature of our work deals directly with oral membranes and fluids, we must respond in an appropriate and timely manner in order to protect our patients and our staff members. We have always adhered to Universal Precautions in sterilization and disinfection and we will continue to take extra steps to advance our sterilization practices in our offices.

As health care professionals, we believe that it is our responsibility to respond in a manner that prioritizes the health and well-being of our community, and we feel that this is the best way we can do so.

Thank you for your cooperation in this matter.

Name: _____

Date: _____

Witness: _____