

COVID -19 Pandemic Dental Treatment

Consent Form

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

I understand that 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 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 contain the COVID-19 virus. We are reducing this aerosol by using dental suction, ultraviolet treatment of the air, isolation of the treatment area, and prescreening of patients for possible symptoms.

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

- Fever
- Shortness of Breath
- Dry Cough
- Runny Nose
- Sore Throat
- Reduced/ Altered Taste
- _____ (Initial)

I confirm I have not been around someone with the virus, virus like symptoms, and/ or is quarantined.

- _____ (Initial)

I understand that travel (especially air) 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, and this is not possible with dentistry. _____ (Initial)

- I verify that I have not traveled to New York &/ or outside the United States to countries that have been affected by COVID-19 virus. _____ 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)
- I verify that I have been social distancing or wearing a mask when it is not possible. _____ (Initial)

Name: _____ Date: _____

Witness: _____ Date: _____