

COVID-19 Treatment Consent Form

Patient name: _____

I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. I understand that dental procedures create water spray which is one way that the novel coronavirus can spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the novel coronavirus.

_____ (Initial)

I confirm that I am not presenting any of the following symptoms of COVID-19 identified by CDC: Fever > 100.4°F, Cough, Sore Throat, Shortness of Breath, Flu-like symptoms _____ (Initial)

I confirm that I am not currently positive for the novel coronavirus and that I am not waiting for the results of a laboratory test for the novel coronavirus.

_____ (Initial)

I verify that I have not returned to the country from any country outside of the USA whether by car, air, bus or train in the past 14 days. _____ (Initial)

I understand that the Health Services has asked individuals to maintain a social distance of at least 6 feet and it is not possible to maintain this distance and receive dental treatment. _____ (Initial)

For future appointments, if I do become in close contact with anyone with COVID-19 within 2 weeks of my appointment, then I will contact the office to reschedule. _____ (Initial)

I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.

SIGNATURE OF PATIENT

DATE