

Consent Form During Pandemic

The best available scientific evidence is that COVID-19 is transmitted through the release of droplets into the air onto surfaces, including by sneezing or coughing. We encourage all patients who have questions about the safety of dentistry during COVID19 to address them with their dental care provider. Certain dental procedures create water spray which may contribute to the risk of transmission. At this time, dental practices will attempt to limit treatment to procedures that do not produce spray (aerosol) whenever possible. This may mean that a temporary solution or modified treatment approach may be required. Sometimes it is not possible to eliminate aerosols.

While much about COVID19 still remains unknown, there may be a risk of contracting the virus in a dental office.

I confirm that I am NOT:

- presenting with ANY of the following symptoms of COVID-19: Fever, cough, sore throat, shortness of breath, upset stomach, loss or alteration of smell and taste, or flu-like symptoms
- currently positive for the COVID-19
- waiting for results of a laboratory test for COVID-19
- returning from travel to an impacted area in the past 14 days
- recently in close contact of a confirmed case of COVID-19 or someone with above symptoms

Acknowledgement and Consent

- I have received information about COVID-19 .
- I acknowledge that I have informed the dental practice if I have ANY of these symptoms or risk factors.
- I accept the risks of transmission of the virus in a dental office setting.
- I have had the above treatment explained to me, including the risks and benefits, treatment alternatives, cost, follow-up requirements, and consequences of no treatment.
- I have had an opportunity to ask questions and have had my questions answered to my satisfaction.
- I consent to and wish to proceed with above dental treatment.

Patient Signature: _____

Printed Name: _____

Date: _____