



## COVID-19 Pandemic Dental Treatment Consent

I knowingly and willingly consent to have dental treatment. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. It is currently impossible to determine who has it and who does not given the current limits in virus testing. I understand that older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness. Dental procedures create water spray. It is unclear as to how long the ultra-fine nature of the spray may linger in the air, which may transmit the COVID-19 virus.

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

Fever

Loss of Sense of Taste or Smell

Headache

Cough

Muscle pain

Runny Nose

Chills

Sore Throat

Shortness of Breath or difficulty breathing.

I understand that air travel may significantly increase 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 traveled, and this is not possible with dentistry. I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19. I confirm that I, and those who live with me, have not displayed, or currently have, any of the symptoms that are representative of COVID-19, which are outlined above.

I confirm that, to the best of my knowledge, in the past 14 days I have not come into close contact with anyone who appeared to me as displaying, or having, any of the symptoms that are representative of COVID-19, which are outlined above. I confirm, to the best of my knowledge, that I have not had close contact with an individual diagnosed with COVID-19 in the past 14 days.

Thank you!

Your Onsite Dental Team