

## COVID-19 Pandemic Dental Treatment Consent Form

I, \_\_\_\_\_ (Patient Name), the undersigned, after a full discussion with and disclosure made by my dentist and his/her office staff, knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.

Initial \_\_\_\_\_ I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious, and that it is impossible to determine who has it, and who does not, given the current limits and virus testing.

Initial \_\_\_\_\_ I understand that:

-Dental procedures create water spray which may spread the disease.

-Ultrafine nature of the spray can linger in the air for minutes to sometimes hours, which may transmit the COVID-19 virus.

-Due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, I may have an elevated risk of contracting the virus simply by being in a dental office.

Initial \_\_\_\_\_ In the interest of public health and for the benefit of my dentist and his/her office staff, to the best of my ability but without liability for failure to do so, I agree to inform the dental office if I am subsequently diagnosed, or if I come in contact with another person having been diagnosed, with the virus, so that my dentist and his/her office staff may act accordingly.

\_\_\_\_\_  
Patient Name/Signature

\_\_\_\_\_  
Date