

COVID-19 Pandemic Dental Treatment Consent Form

Date: _____

Name of Dentist: _____

Name of Patient: _____

Name of office: _____

You have elected to receive dental care during the events of the **COVID-19 National Emergency**. We are providing this special consent, in addition to any procedure-specific consent that you may receive, because of the unique circumstances of the current Covid-19 pandemic. Some considerations to keep in mind as you seek dental treatment under these unique circumstances:

- Although dental procedures often involve a risk of infection, the ongoing community transmission of the Covid-19 virus creates additional risks from being in the proximity of dentists, patients, or staff that we want you to seriously consider before engaging in treatment.
- Social distancing of 6 feet or more is NOT POSSIBLE during dental treatments, which may increase the chances of COVID-19 transmission.
- It may be necessary to use aerosol-generating equipment during dental procedures. This equipment may increase the potential for spreading the disease. It is estimated that aerosol droplets can linger in the air for minutes to hours and have the potential to transmit the COVID-19 virus.
- As dental professionals and public officials around the country have been discussing, risks related to COVID-19 must be weighed against the potential detrimental effects of postponing dental treatment, as dental health is inextricably linked to overall health.
- We are available to provide dental care if you decide to proceed with dental treatment at this time.
- We are following our standard infection protocols which may limit the spread of the disease, **but there is a still a possibility of transmission to you (and to others you come into contact with after leaving this office) of the COVID-19 virus which can cause serious health problems, including but not limited to, severe respiratory problems, high fevers and death.**

Here is what we are doing to protect you the patient, team members and ourselves:

- We are following safety directives from your state as a way to limit patient and staff exposure to this virus.
- We engage in a daily office preparation safety routine.
- We conduct patient and staff COVID-19 screening.
- We utilize personal protective equipment for office staff and patients and provide training to our staff on the proper methods of putting on and removing this equipment.
- We implement cleaning and disinfecting protocols before the office opens and between patients.
- All team members follow applicable guidelines for sterilization and surface disinfection procedures.
- We try to avoid or minimize dental procedures involving aerosols and utilize additional personal protective equipment and protocols for those procedures which may involve aerosols.

My Initials by each statement indicate my understanding and acceptance:

- ☐ I understand that the COVID-19 Virus has a long incubation period during which carriers of the virus may not show symptoms but may still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in the virus testing.
- ☐ I understand that due to the frequency of visits of other dental patients, the characteristics of the virus and characteristics of dental procedures that I have an elevated risk of contracting the virus by virtue of engaging in dental treatments and by virtue of simply being in a dental office.
- ☐ I understand that there is still much we do not know about the COVID-19 Virus and, therefore, there may be risks that are yet unknown.

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

- Fever > 100.4
- Shortness of breath or difficulty breathing
- Dry Cough
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste and/or smell

☐

I understand that travel by air, bus or train significantly increases my risk of contracting and transmitting the COVID-19 virus, and I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days.

☐

I verify that I have not traveled outside of the United States in the past 14 days to countries that have been affected by the COVID-19 virus.

☐

I understand that the CDC currently recommends social distancing of at least 6 feet or more under many circumstances and that **social distancing of 6 feet or more is NOT POSSIBLE during dental treatments.**

☐

I understand that additional consent is required for the specific treatment being provided during this dental emergency.

The safety and well-being of our patients continues to be our primary concern. We will continue to monitor the status of COVID-19 nationally and within our community and update office policy as needed to continue to provide dental services to our community.

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| <div><div></div><div>Patient's Initials</div></div> | I have read this entire document, and I knowingly and willingly consent to have dental treatment during the COVID-19 pandemic, despite the risks discussed in this consent. |
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Signature of Patient

or

Signature of Patient's Parent/ Legal Guardian

Name of Patient (print)

or

Name of Patient's Parent/ Legal Guardian (print)

Signature of Witness

Name of Witness (print)

Date of Signing