

(Enter dental entity name or dentist's name and office address)

COVID-19 (Coronavirus) Pandemic Dental Treatment Consent Form

I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.

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.

There are several modes of transmission of COVID-19 which could be present in a dental office. We are following the ADA and CDC guidelines to minimize the risk of transmission.

- I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office. _____(Initial)
- I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:
 - Fever
 - Shortness of Breath
 - Dry Cough
 - Runny Nose
 - Sore Throat
 - _____(Initial)

I understand that air travel significantly increases 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, and this is not possible with dentistry. _____ (Initial)

- I verify that I have not traveled outside the United States in the past 14 days.. _____ (Initial)
- I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days. _____ (Initial)

Printed Name _____

Birth Date _____

Signature _____

Today's Date _____