



Consent for Dental Treatment During COVID-19/Coronavirus

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

I understand that in addition to the standard clinical risks inherent in this treatment, as more fully described in the clinical consent, there are inherent risks with receiving dental treatment during the COVID-19 pandemic.

Alternative Treatment: I am aware that alternative treatments and procedures may be available, as well as the option to not have the recommended treatment or to delay treatment until a later date or until the pandemic is over. By delaying treatment, I may continue to experience pain, or develop infection, and may make my dental health and clinical situation worse.

Potential Risks:

Procedure: I have reviewed and signed all applicable clinical consents for the treatment to be provided.

COVID-19: Dental procedures by their nature require close contact with dental professionals and create water or aerosol spray which can linger in the air and which is a typical way the virus is spread.

- The dental procedure today will require close contact with the dentist and staff and as such places me at greater risk of contracting COVID-19 **from** others or for me exposing COVID-19 **to** others.
- I understand that the COVID-19 coronavirus has a long incubation period during which carriers of the virus may not show symptoms and may not know they have the coronavirus, yet they still may be highly contagious.
- It is impossible to determine who does or does not have the coronavirus given the current limits on testing availability.
- I understand that due to the frequency of dental visits, and visits of other patients, the characteristics of the virus and of the dental procedures, that I have a heightened risk of contracting the virus simply by being in a dental practice.
- I am aware of the current World Health Organization (WHO), Centers for Disease Control (CDC), the American Dental Association (ADA) and state and local guidance and guidelines in effect during this pandemic. Dental visits should be limited to clinical emergencies such as pain or swelling, trauma to teeth, mouth or jaw area, infection or conditions that impact normal use of the teeth, mouth or oral cavity.

Representations: I represent that I am not experiencing and have not experienced within the previous 14 days any of the following:

- Fever, Shortness of breath,
- Dry Cough,
- Runny Nose,
- Sore Throat,
- Other sickness or ill health

I also represent that I have not traveled, either internationally or domestically [within the US] within the past 14 days.



Follow-Up:

- I understand that if any of the previous symptoms arise within 24-48 hours of my dental treatment, I am responsible to inform the office.

Consent:

- I have read and understand this consent form and I have been given all of the information that I asked for about the proposed dental treatment(s) or procedure(s), risks, and other alternative treatments.
- I have had an opportunity to ask questions. All of my questions and concerns have been answered to my satisfaction.
- I understand the nature of the recommended treatment, alternate treatment options, the risks of the recommended treatment, and the risks of refusing treatment.
- I consent to the dental treatment or procedure and to the performance of such additional or alternative procedures as may be deemed necessary in the best judgment of my dentist, during COVID-19.

Signature of Patient, Parent, Legal Guardian, Health
Care Proxy or Surrogate, or Power of Attorney

Date Signed

Print name of Patient, Parent, Legal Guardian, Health
Care Proxy or Surrogate, or Power of Attorney

Relationship to Patient