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Dental Health Specialists

COVID-19 Pandemic
Dental Treatment Consent Form

Even after following protocols set by the American Dental Association and our state's dental association, it is still possible to contract COVID-19 while at a dental office. We are following all guidelines to minimize the risk of transmission.

- I, _____ (Print Name), knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.

- I understand that the COVID-19 virus has a long incubation period during which carriers of this virus may not show symptoms and may still be highly contagious. _____ (Initial)

- I understand that due to the frequency of visits of other dental patients, the characteristics of the COVID-19 virus, and the characteristics of dental procedures, I have an elevated risk of contracting the COVID-19 virus simply by being in a dental office. _____ (Initial)

- I confirm that I am not presenting any of these COVID-19 symptoms: _____ (Initial)
    - Fever or chills
    - Cough
    - Shortness of breath or difficulty breathing
    - Fatigue
    - Muscle or body aches
    - Headache
    - New loss of taste or smell
    - Sore throat
    - Congestion or runny nose
    - Nausea or vomiting
    - Diarrhea

- I confirm that I have not been in contact with a person who has been diagnosed with COVID-19 within the past 14 days. _____ (Initial)

- I understand that the CDC recommends social distancing of at least six feet 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)

Although there are no guarantees in regards to the possibility of contracting COVID-19, my dentist and her staff will be following safety protocols as to best protect myself and the staff during treatment. I understand that I have the possibility to delay my treatment, and I have elected to have the procedure at this time.

Printed name: _____ Date of birth: _____
Signature: _____ Today's date: _____
Temperature (taken in office): _____ Time taken: _____