Dental Treatment Consent during Covid-19 Pandemic

I, _____, knowingly and willingly consent to have dental treatment 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.

Dental procedures create aerosols. It is unclear as to how long the ultra-fine nature of the spray may linger in the air, which can transmit the COVID-19 virus.

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

- *Fever*
- *Shortness of breath*
- *Loss of sense of taste or smell*
- *Dry cough*
- *Runny Nose*
- *Sore Throat*
- *_____(initial)*

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus.

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

Are you over 60 years old? _____YES_____NO

Do you have heart, lung, or kidney disease, diabetes or auto-immune disorders? _____YES_____NO

Are you in contact with any confirmed COVID-19 positive patients? _____YES_____NO (Patients who are well but who have a sick family member should consider postponing elective treatment).

Name_____ *Date_____*