



COVID-19 Pandemic Dental Treatment Consent Form

Patient Name:

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as “coronavirus,” at any time or in any place. Be assured that we continue to follow state and federal regulations as well as recommended universal personal protective equipment (PPE) and disinfection protocols to limit the transmission of all diseases in our office.

Despite our careful attention to sterilization, disinfection and the use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you may be exposed at your gym, grocery store or favourite restaurant. Nationwide social distancing has reduced the transmission of coronavirus. Although we have taken measures to enable social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, dental healthcare team members and sometimes other patients at all times.

I understand that dental procedures create water and/or blood spray which is one way that the novel coronavirus can spread and I also understand that due to the frequency of visits of other patients, the characteristics of dental procedures, that I have an elevated risk of contracting the novel coronavirus simply by being in a dental office.

Do you accept the risk and consent to treatment?

Yes No

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Patient/ Parent’s Signature

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Date