

COVID-19 Pandemic Dental Treatment Consent Form

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

I understand that I am receiving dental care during the events of a COVID-19 national emergency. I am advised that there may be risks in being in the proximity of dentists, patients, or staff. I understand that despite taking precautions to limit the spread of disease, there is still a possibility of transmission.

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. It is impossible to precisely determine who has it and who does not given the current limits in virus testing.

Dental procedures create water spray. 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. Although exposure to COVID-19 is unlikely, I accept the risks and consent to treatment at Millis Dental Care, PC

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

-Fever, or feeling hot or feverish recently (14-21 days)

-Shortness of Breath or other difficulties breathing

-Loss of Sense of Taste or Smell

-Cough

-Runny Nose

-Sore Throat

-Any other flu-like symptoms such as gastrointestinal upset, headache, or fatigue

_____ (Initial)

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

- I verify that I have not been in contact with any confirmed COVID-19 positive patients. _____ (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) .

-I confirm that I will inform Millis Dental Care if I start having COVID 19 symptoms 48 hours after my visit. _____ (Initial)

Name _____ Date _____