



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.

Patient Initials I 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.

Guest Initials I knowingly and willingly consent to remain in the office while dental treatment is being completed for the patient 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.

Patient Initials Guest Initials 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.

Patient Initials Guest Initials I confirm that I am not presenting any of these COVID-19 symptoms:
- Fever
- Shortness of breath
- Dry cough

Patient Initials Guest Initials I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And the CDC recommends social distancing of at least six feet for a period of 14 days to anyone who has recently traveled, and this is not possible with dentistry.

Print Patient Name: _____

Date of Birth: _____

Patient Signature: _____

Today's Date: _____

(Must be over 18)

Print Guest Name: _____

Guest Signature: _____