



COVID-19 Pandemic Emergency Dental Treatment Consent Form

I knowingly and willingly consent to have **EMERGENCY** 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. It is impossible to determine who has it and who does not given the current limits in virus testing.

I affirm that the email address below is only accessible by the person listed in the first item of this consent form.

Email Address:

Name:

I have been made aware of the CDC and ADA guidelines that under the current pandemic all non-urgent dental care is not recommended. Dental visits should be limited to the treatment of pain, infection, conditions that significantly inhibit normal operation of teeth and mouth, and issues that may cause anything listed above within the next 3-6 months. (PLEASE INITIAL)_____

I confirm I am seeking treatment for a condition that meets these criteria. (PLEASE INITIAL)_____

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below: PLEASE CHECK ALL TO CONFIRM THAT YOU DO NOT HAVE THE FOLLOW SYMPTOMS.

- Fever
- Shortness of Breath
- Loss of Taste
- Loss of Smell
- Dry Cough
- Runny Nose
- Sore Throat
- Chills or Shaking

(PLEASE INITIAL)_____

I understand that the CDC recommends social distancing of at least 6 feet for anyone outside of my household, and I understand this is not possible with dentistry. (PLEASE INITIAL)_____

I verify that I have not traveled outside the United States in the past 14 days. (PLEASE INITIAL)_____

I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days. (PLEASE INITIAL)_____

Acceptance:

To the best of my knowledge, all of the preceding answers and information provided are true and correct. If there is any change in my health prior to my appointment, I will inform the doctors/office know prior to my next appointment without fail.

Signed:

Date: