COVID 19 PANDEMIC DENTAL TREATMENT CONSENT FORM

I, _____, knowingly and willingly consent to have dental treatment completed during the COVID19 pandemic.

I understand the COVID19 virus has a long incubation period during which carriers of the virus may not show symptoms and can still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing.

Dental procedures create water spray which is how the disease is spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID19 virus.

___ (initial) I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office.

___ (initial) Dr. Moriarty and/or staff have explained the steps they are taking to protect me with enhanced screening protocols, enhanced inter-office social distancing, and enhanced infection control procedures but there is no guarantee that these measures can protect someone 100% from COVID19 given the contagious nature of the virus and that it can be contracted outside of the office.

___ (initial) I confirm that I am **NOT** presenting any of the following symptoms of COVID19 listed below. If I do, I've checked the symptoms with a possible explanation (ex. Allergies).

- ☐ Fever
- ☐ Shortness of Breath
- ☐ Loss of Taste /Smell
- ☐ Runny Nose
- ☐ Dry Cough
- ☐ Sore Throat

EXPLANATION:

_____

_____

___ (initial) I, and the members of my household, have practiced recommended

- physical distancing
- hand hygiene
- wore a mask

Print Name: _____ Date: _____

Signature (or Parent/Guardian) _____