

COVID-19 CONSENT

l,	, knowingly and willingly consent to have dental
treatment completed during the	
	has a long incubation period during which carriers of the virus may not y contagious. It is impossible to determine who has it and who does us testing.
-	spray which is how the disease is spread. The ultra-fine nature of the utes to sometimes hours, which can transmit the COVID-19 virus.
 the virus, and the charac contracting the virus simp I have been made aware pandemic all non-urgent treatment of pain, infection mouth, and issues that me 	the frequency of visits of other dental patients, the characteristics of teristics of dental procedures, that I have an elevated risk of ply by being in a dental office. The of the CDC, ODA, and ADA guidelines that under the current dental care is not recommended. Dental visits should be limited to the on, conditions that significantly inhibit normal operation of teeth and ay cause anything listed above within the next 3-6 months. atment for a condition that meets these criteria.
I confirm that I am not presenting	g any of the following symptoms of COVID-19 listed below:
• Fever	Temperature Taken (In Office):
 Shortness of Breath 	
Dry Cough	
• Runny Nose	
• Sore Throat	(Initial)
_	cantly increases my risk of contracting and transmitting the COVID-19 social distancing of at least 6 feet for a period of 14 days to anyone with dentistry.
I verify that I have not traveled o been affected by COVID-19.	utside the United States in the past 14 days to countries that have
I verify that I have not traveled d within the past 14 days.	omestically within the United States by commercial airline, bus, or train
Patient (Guardian) Name:	Date