

MCLEANSMILES DENTAL OFFICE

COVID -19 Pandemic Dental Treatment Consent Form

I _____ knowingly and willingly consent to have dental treatment completed 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 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 COVID-19 virus.

- I Verify that I have not tested positive with COVID-19 or any members of my household _____ (initial)
- I confirm that I am not presenting any of the following symptoms of COVID -19 listed below *in the last 14 days*.

***Fever**

***Shortness of breath**

***Dry cough**

***Runny Nose**

***Sore throat**

_____ (initial)

I understand that the CDC recommends social distancing of at least 6 feet and I understand that this is not possible in dentistry. _____ (initial)

I verify that I have not traveled outside the US in the past 14 days _____ (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)

NAME _____

Date _____