

COVID-19 Pandemic Dental Treatment Consent Form

Patient name: _____

I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. _____(Initial)

I understand that dental procedures create bodily fluids aerosol spray which is one way that the novel coronavirus can spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the novel coronavirus. _____(Initial)

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

I have been made aware of the Center of Disease Control (CDC) and Occupational Safety and Health Administrations (OSHA)Guidelines that, under the current pandemic, all non-urgent and non-emergent dental care is not recommended. _____(Initial)

I confirm I am seeking treatment for a non-urgent or a non-emergent condition in lieu of the CDC and OSHA guidelines . _____(Initial)

I confirm that I am aware of the ADA advising all offices to use code D1999 to report the excess cost of our PPE and that this office will submit code D1999 to charge a flat fee to cover the cost; if my insurance does not cover the cost, this charge may be applied to my account. _____(Initial)

I confirm that I am not in a high risk category, including: diabetes, cardiovascular disease, hypertension, lung diseases including moderate to severe asthma, being immunocompromised, having active malignancy, or over age 60. _____(Initial)

OR

I fall into the following high risk category (_____) and my dentist and I have discussed the risks, and I agree to proceed with treatment. _____(Initial)

I confirm that I have completed the screening form before entering the dental office and at check-in to include my temperature being taken and recorded. _____(Initial)

I confirm that I am not currently positive for the novel coronavirus. _____(Initial)

I confirm that I am not waiting for the results of a laboratory test for the novel coronavirus.

_____ (Initial)

I verify that I have not returned to the area from any country outside of the country whether by car, air, bus or train in the past 14 days. _____ (Initial)

I understand that any travel from outside of the state of Virginia, including travel by car, air, bus or train, significantly increases my risk of contracting and transmitting the novel coronavirus.

_____ (Initial)

I understand that social distancing has individuals maintain physical distancing of at least 2 metres (6 feet) and it is not possible to maintain this distance and receive dental treatment.

_____ (Initial)

I verify that I have **not** been identified as a contact of someone who has tested positive for novel coronavirus or been asked to self-isolate by any doctor, the Communicable Disease Control or any other governmental health agency. _____ (Initial)

LIST of DENTAL TREATMENT

I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have the above listed dental treatment completed during the COVID-19 pandemic. I confirm that my questions pertaining to the screening process and this informed consent form have been sufficiently addressed and answered.

SIGNATURE OF PATIENT/GUARDIAN

Printed Name _____ Date _____