

DENTAL ASSOCIATES OF FLORIDA, PA

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 still be highly contagious. It is very difficult, if not impossible, to determine who is contagious and poses a risk given the current limits in virus testing.

1. I understand that dental procedures create water spray which is how COVID-19 is spread and the ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the virus.

Initial: _____

2. I understand that I have an elevated risk of contracting the virus due to:

- Visiting a dental office
- Exposure to other dental patients
- Characteristics of the virus
- Characteristics of dental procedures

Initial: _____

3. I confirm that I am not presenting with, nor have I had any of the following symptoms of COVID-19 listed below over the last two weeks:

- Fever
- Shortness of Breath
- Dry Cough
- Runny Nose
- Sore Throat
- Gastrointestinal issues such as diarrhea

Initial: _____

4. I understand the CDC recommends social distancing of at least 6 feet for a period of 14 days which is not possible while providing dental treatment.

Initial: _____

5. I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. I verify that I have not traveled domestically or internationally by commercial airline, bus, or train within the past 14 days.

Initial: _____

6. I verify that I have not had contact or interactions with anyone who, to my knowledge, has tested positive for COVID-19 in the past 14 days.

Initial: _____

Patient Name: _____

Date: _____

Signature: _____