



Treatment Consent in the Era of COVID-19

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as “Coronavirus,” at any time or in any place. Be assured that we have always followed state and federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of all diseases in our office and continue to do so.

In our continued efforts to keep all those in our office and their families safe, we need to ensure that the following are true for the patient scheduled today.

Please initial each of the following statements

PATIENT: _____

_____ You or a family member **HAVE NOT** been sick (including a fever) in the last 14 days

_____ You or a family member **HAVE NOT** traveled outside the US in the last 14 days

_____ You or a family member **HAVE NOT** been diagnosed or exposed to anyone with COVID-19 in the last 14 days

Despite our careful attention to sterilization, disinfection, and use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be at your gym, grocery store, or favorite restaurant. “Social Distancing” nationwide has reduced the transmission of the Coronavirus. Although we have taken measures to provide social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, dental provider and staff, and sometimes other patients at all times.

Although exposure is unlikely, do you accept the risk and consent to treatment?

Yes _____ No _____

Patient/Parent’s Signature

Date

