

MODHA FAMILY DENTISTRY

COVID-19 Dental Treatment Consent Form

I, _____, knowingly and willingly consent to have routine 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 impossible to determine who has it and who does not due to the limitation of virus testing.

Dental procedures create water spray which can be one of the ways how the disease is spread. The ultrafine nature of the spray can linger in the air for minutes to sometimes hours which can transmit the COVID-19 virus.

- I understand that due to the frequency of visits of other dental patients, the characteristics of the virus and the characteristics of the dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office _____ (Initial)
- I confirm that I am giving my approval for any necessary treatment knowing the risks of transmission of COVID-19 _____ (Initial)
- I understand that CDC recommendations of social distancing of at least 6 feet is not possible with dentistry _____ (Initial)

I confirm I am not presenting any of the following symptoms of COVID-19 listed below:

- Fever
- Shortness of breath
- Dry Cough
- Runny nose
- Sore throat

_____ (Initial)

I understand that air travel significantly increases my risk of contracting & transmitting the CV-19 virus.

- I verify that I have **NOT** traveled outside of the US in the past 14 days to countries that have been affected by COVID-19 _____ (Initial)
- I verify that I have **NOT** traveled domestically within the US by commercial airline, bus or train within the last 14 days _____ (Initial)

SIGNATURE _____

DATE _____