

Informed Consent for Dental Care during COVID-19 Pandemic

We ask that you help us minimize the transmission of infectious disease in our office by adhering to the following guidelines and recommendations in accordance with the state and/or federal agencies.

1. Please wear a mask or face covering while at our office
2. It will be required that you agree to have your temperature taken with a non-touch thermometer upon arrival to our office. **current temperature**_____
3. You will be required to wash your hands both BEFORE and AFTER your appointment.
4. Sanitized writing utensils will be available to complete any documents that may require your signature.
5. You will be required to use a disinfectant mouthwash prior to and potentially at various times throughout your appointment in order to help minimize microbial aerosol from your saliva.
6. A rubber dam and high-volume suction may be required to be used during your treatment to maximize isolation.
7. If you arrive early to your appointment, please wait in your vehicle until your appointment time or invited inside.
8. All family members, friends and/or escorts will be required to wait in their vehicle during your appointment with the exception of accompanying minor children.

Positive responses to the questions below would likely indicate a deeper discussion with the dentist before proceeding with elective treatment or rescheduling appointment.

Y / N Have you had a fever recently (14-21 days)?

Y / N Are you having shortness of breath or other difficulties breathing?

Y / N Do you have a cough?

Y / N Do you have any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?

Y / N Have you experienced recent loss of taste or smell?

Y / N Are you in contact with any confirmed COVID-19 positive patients?

Y / N Do you have heart, lung or kidney disease, diabetes or any auto-immune disorders? _____

Y/N Have you been traveling in the past 2 weeks? If yes, where? _____

Y / N Have you been in any groups larger than 10 people? If yes, did you practice social distancing? _____

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the risks of contracting COVID-19 from the dental office and dental procedures. I reaffirm that I am not a carrier of COVID-19 nor infected with COVID-19 to the best of my knowledge. I do voluntarily assume any and all reasonable medical/dental risks, including the substantial and significant risk of serious harm, if any, which may be associated with any phase of my treatment as a result of the COVID-19 pandemic. I acknowledge that the nature and purpose of the dental procedures recommended under the current circumstances and restrictions have been explained to me and I have been given the opportunity to ask questions.

Patient/Guardian (signature)

date

Patient/Guardian (print)

Patient's age: _____