

COVID-19 PANDEMIC

DENTAL TREATMENT CONSENT FORM

Even after following guidelines and protocols set by American Dental Association (ADA), California Dental Association (CDA), Centers for Disease Control Prevention (CDC), State CDC, State/County Public Health Department (CAPHD/ACPHD), it is still possible to contract COVID-19 while at a dental office. We are following all guidelines to minimize the risk of transmission.

- I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic. I understand that COVID-19 has a long incubation period during which carriers of this virus may not show symptoms and may still be highly contagious.
- I understand that due to the frequency of visits of other dental patients, the characteristics of the COVID-19 virus, and the characteristics of dental procedures, I have an elevated risk of contracting the COVID-19 virus by being in a dental office.
- I confirm that I am not presenting any of these COVID-19 symptoms:
 - Fever
 - shortness of breath
 - dry cough
 - runny nose
 - sore throat
 - loss of taste
 - loss of smell
- I confirm that I have not been with a person who has been diagnosed with COVID-19 within the past 14 days.
- I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus, and that CDC recommends social distancing of at least 6 feet for a period of 14 days to anyone who has recently traveled, and this is not possible with dentistry.
- I verify that I have not traveled outside the United States in the past 14 days.
- I verify that I have not traveled domestically within the United States by commercial plane, bus or train within the past 14 days.