



**COVID-19 Pandemic Emergency Dental Treatment Consent Form**

I, \_\_\_\_\_ knowingly and willingly consent to have an **emergency** 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. With the current limits in virus testing, it is impossible to determine who has it and who does not.
- Dental procedures create water spray which is how the disease is spread. The ultra-fine 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 characteristics of dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office.
- I have been made aware of the CDC guidelines that under the current pandemic all non-urgent dental care is not recommended. Dental visits should be limited to the treatment of pain, infection, conditions that significantly inhibit normal operation of teeth and mouth, and issues that may cause anything listed above within the next 3-6 months.
- I confirm I am seeking treatment for a condition that meets these criteria.
- I confirm that I am not presenting any of the following symptoms of COVID-19 listed below in the past 14 days:
  - Fever? Yes\_\_\_\_\_ No\_\_\_\_\_
  - Shortness of breath? Yes\_\_\_\_\_ No\_\_\_\_\_
  - Dry cough? Yes\_\_\_\_\_ No\_\_\_\_\_
  - Runny nose? Yes\_\_\_\_\_ No\_\_\_\_\_
  - Sore throat? Yes\_\_\_\_\_ No\_\_\_\_\_
  - Loss of taste or smell? Yes\_\_\_\_\_ No\_\_\_\_\_
  - Been in contact with someone who tested positive for COVID-19? Yes\_\_\_\_\_ No\_\_\_\_\_
  - Tested positive or awaiting results of a COVID-19 test? Yes\_\_\_\_\_ No\_\_\_\_\_
- I understand that air travel significantly increases my risk of contracting and transmitting COVID-19 virus. And the CDC recommends social distance of at least 6 feet for a period of 14 days to anyone who has traveled, and this is not possible with dentistry.
  - I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19. Yes\_\_\_\_\_ No\_\_\_\_\_
  - I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days. Yes\_\_\_\_\_ No\_\_\_\_\_

All questions have been answered to my satisfaction (initial of intake personnel): \_\_\_\_\_

Temperature: \_\_\_\_\_ Date: \_\_\_\_\_ (temperature above normal **cannot** be admitted on the Mobile Dental Clinic)

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date