



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

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.

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. Although social distancing is recommended in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, orthodontist, orthodontic staff and sometimes other patients at all times.

- Although exposure is greatly diminished with protective measures in place, I accept the risk and consent to dental treatment.
- I confirm that I am not currently presenting any of these COVID-19 symptoms or within the last 14 days:
 - Fever
 - Shortness of breath
 - Dry cough
 - Runny nose
 - Sore throat
- I confirm that I have not been in contact with a person who has been diagnosed with COVID19 within the past 14 days.
- I verify that I have not traveled to any regions affected by COVID19 and that I have not been in contact with anyone with a confirmed COVID19 positive test in the past 14 days.

Printed name: _____
(Patient)

Date of birth: _____
(Patient)

Signature: _____
(Patient or legal guardian)

Today's date: _____