

Patient Acknowledgement: COVID-19 Pandemic Dental Treatment Risk

Please read below and initial or sign in all areas indicated.

I understand the novel coronavirus causes the disease known as COVID-19 and that it is currently a pandemic. I understand the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. For this reason, it is recommended to stay home and avoid close contact with other people when at all possible. **(initial)** _____

I understand our government have asked individuals to maintain social distancing of at least 6 feet and I recognize it is not possible to maintain this distance while receiving dental treatment. **(initial)** _____

I understand that oral surgery/dental procedures can create water and/or blood spray, which is one way that the novel coronavirus can spread. The nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the novel coronavirus.
(initial) _____

I understand that due to the visits of other patients, the characteristics of the coronavirus, and the characteristics of dental procedures, that I have an elevated risk of contracting and spreading the coronavirus by being in the dental office. **(initial)** _____

I confirm that I am not waiting for the results of a test for COVID-19 and that I have not been tested positive for COVID-19 in the past. **(initial)** _____

If I received COVID-19 test results in the past 3 months, the last results I received were negative. Approximate date of test: _____ **(initial)** _____

I confirm that this is not currently a period where I am required to self-isolate for 14 days. **(initial)** _____

I verify the information I have provided on this **Patient Acknowledgement Form and the Screen Form** is truthful and accurate. I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.

Signature of Patient or Guardian/Parent of Child: _____

Date: _____