COVID-19 Dental Emergency Treatment Consent Form

I, _____, hereby provide my informed and voluntary consent for emergency dental treatment during the ongoing COVID-19 pandemic.

Acknowledgments:

I am aware that the COVID-19 virus can be asymptomatic in carriers, making it challenging to identify individuals who may transmit the virus unknowingly. _____ (Initial)
Understanding the risk of aerosol transmission during dental procedures, I acknowledge that being in a dental office poses an elevated risk of contracting the virus due to the nature of dental treatments and the frequency of patient visits. _____ (Initial)
I have been informed about the current guidelines from the Centers for Disease Control and Prevention (CDC) and the American Dental Association (ADA), recommending that non-urgent dental care be postponed. I understand that dental visits should prioritize addressing pain, infection, and conditions significantly affecting dental health in the next 3-6 months. _____ (Initial)
I confirm that my reason for seeking treatment aligns with the criteria outlined above. _____ (Initial)

Symptom Confirmation:

I confirm that I do not exhibit any symptoms of COVID-19, including but not limited to:
- Fever
- Shortness of breath
- Dry cough
- Runny nose
- Sore throat

_____ (Initial)

Travel Declaration:

Understanding the increased risk associated with air travel, I acknowledge that maintaining the recommended 6 feet of social distancing for 14 days after exposure to air travelers, as advised by the CDC, is not feasible in a dental setting. _____ (Initial)
I verify that I have not traveled internationally within the past 14 days to countries affected by COVID-19. _____ (Initial)
I verify that I have not utilized commercial air travel, buses, or trains domestically

within the past 14 days. _____ (Initial)

Name _____ Date _____