

# DR. HUMMON & DR. GEBECK

ORTHODONTIC ASSOCIATES PC

## COVID-19 Pandemic Dental Treatment Consent Form

Even after following protocols set by the American Dental Association and our state's dental association, 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 the COVID-19 virus has a long incubation period during which carriers of this virus may not show symptoms and may still be highly contagious. \_\_\_\_\_ (Initial)
- 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 simply by being in a dental office. \_\_\_\_\_ (Initial)
- I confirm that I am not presenting any of these COVID-19 symptoms: \_\_\_\_\_ (Initial)
  - Fever
  - Shortness of breath
  - Dry Cough
  - Runny Nose
  - Sore Throat
  - Chills
  - Muscle aches
- I confirm that I have not been in contact with a person who has been diagnosed with COVID19 within the past 14 days. \_\_\_\_\_ (Initial)
- I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And the CDC recommends social distancing of at least six feet for a period of 14 days to anyone who has recently traveled, and this is not possible with dentistry. \_\_\_\_\_ (Initial)
- I verify that I have not traveled outside the United States in the past 14 days. \_\_\_\_\_ (Initial)
- I verify that I have not traveled domestically within the United States by commercial airline, bus or train within the past 14 days. \_\_\_\_\_ (Initial)

Printed name: \_\_\_\_\_  
(Patient)

Date of birth: \_\_\_\_\_  
(Patient)

Signature: \_\_\_\_\_  
(Patient or legal guardian)

Today's date: \_\_\_\_\_