

INFORMED CONSENT:

COVID-19

I understand that I am consenting to an elective dental treatment that is not urgent or emergent.

I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact, and as a result, federal and state health agencies recommend social distancing. I understand that my doctor listed below has put in place reasonable safety measures to help reduce the spread of COVID-19.

I understand that even if I have received a negative COVID-19 test result, the test may have failed to detect the virus, or I may have become infected after I took the test. I understand that even if I do not have any symptoms, I may have a COVID-19 infection, and that having the elective dental treatment can lead to a higher chance of complication and death.

I understand that COVID-19 may cause additional risks, some of which may not be known at this time.

I understand that this elective dental procedure may put me at increased risk for becoming infected with COVID-19. By signing this consent form I accept that risk and give my permission to proceed with the treatment.

I have been given the choice to have my dental treatment at a later date. I understand the potential risks of delaying and want to proceed.

I have read this consent or someone has read it to me.

Date: _____

Patient signature: _____

Patient date of birth : _____

Name of provider: _____

Treatment: _____