COVID-19 Dental Screening & Treatment Consent

Patient's Name: ______________________________ Patient's DOB ____________________

Patient's Temperature: __________________________

	Pre-Appointment		In-office	
Has the patient or a member of the household tested positive for COVID-19?	☐YES	☐NO	☐YES	☐NO
If you answered YES, has it been at least 14 days since the diagnosis and at least 10 days since symptoms subsided?	☐YES	☐NO	☐YES	☐NO
Has the patient or a member of the household been around someone in the past 10 days who has tested positive for COVID-19?	☐YES	☐NO	☐YES	☐NO
Has the patient or a member of the household traveled in the past 14 days?	☐YES	☐NO	☐YES	☐NO
Does the patient have heart disease, lung disease, kidney disease, or any auto-immune disorders?	☐YES	☐NO	☐YES	☐NO
Does the patient have a fever or felt feverish in the past 10 days?	☐YES	☐NO	☐YES	☐NO
Is the patient experiencing any shortness of breath or other difficulties breathing?	☐YES	☐NO	☐YES	☐NO
Does the patient have a cough and/or sore throat?	☐YES	☐NO	☐YES	☐NO
Does the patient have other flu-like symptoms, such as gastrointestinal problems, headache, fatigue, muscle or body aches, or loss of taste or smell?	☐YES	☐NO	☐YES	☐NO

FORM CONTINUES ON REVERSE PAGE

ATTESTATION AND CONSENT FOR DENTAL TREATMENT

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 have answered the screening questions truthfully and to the best of my knowledge.
- 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.
- 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 there is an elevated risk of contracting the COVID-19 virus simply by being in a dental office.

Printed Name: ____

Signature : ____

Today's Date: ____

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