



COVID-19 PANDEMIC EMERGENCY DENTAL TREATMENT NOTICE AND ACKNOWLEDGEMENT OF RISK FORM

PATIENT NAME: _____ **DOB:** _____

Our goal is to provide a safe environment for our patients and staff and to advance the safety of our local community. This document provides information we ask you to acknowledge and understand the COVID-19 virus.

The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. We could contract COVID-19 from a variety of sources. Our practice wants to ensure you are aware of the additional risks of contracting COVID-19 associated with dental care.

The COVID-19 virus has a long incubation period. You and your health care providers may have the virus and not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated due to limited availability for virus testing.

Due to the frequency and timing of visits by other dental patients, characteristics of the virus, and the characteristics of dental procedures, there is an elevated risk you are contracting the virus simply by being in a dental office.

Dental procedures create water spray which is one way the disease is spread. The ultra-fine nature of the water spray can linger in the air for a long time, allowing for transmission of the COVID-19 virus to those nearby.

You cannot wear a protective mask over your mouth to prevent infection during treatment as your healthcare provider needs access to your mouth to render care. This leaves you vulnerable to COVID-19 transmission while receiving dental treatment.

I confirm that I have read the notice above and understand and accept that there is an increased risk of contracting the COVID-19 virus in the dental office of with dental treatment. I understand and accept the additional risks of contracting COVID-19 from contact at this office. I also acknowledge that I can contract the COVID-19 virus from outside this office and unrelated to my visit here.

I have read and understand the information stated above

Patient's Signature

Date

Witness