

Greenwich Pediatric Dental Group, L.L.C.



COVID-19 PANDEMIC DENTAL TREATMENT CONSENT FORM

Patient Name _____ (Print name),
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 the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing. Dental procedures create water spray one way the disease is spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus.

- I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office. _____ (Initial)

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Fever
 - Shortness of breath
 - Dry cough
 - Runny nose
 - Sore throat
- _____ (Initial)

I understand that the CDC recommends social distancing of at least 6 feet and that this is not possible in dentistry. _____ (Initial)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus.

- I verify that I have not traveled outside the United States in the last 14 days _____ (Initial)
- I verify that I have not traveled via airline, bus, or train within the last 14 days _____ (Initial)

I have discussed with my dentist the pros and cons of my dental treatment in relation to contracting COVID-19.

I am satisfied that my dentist answered all of my questions.

Although there are no guarantees in regards to the possibility of contracting COVID-19, my dentist and his staff will be following safety protocols as to best protect myself and the staff during treatment. I understand that I have the possibility to delay my treatment, and I have elected to have the procedure at this time.

Parent/Guardian Signature: _____ Date: ____/____/____

For Office Use

Temperature (taken in office): _____ Time taken: _____