

**WHEATON FAMILY DENTAL CARE
DENTAL TREATMENT CONSENT DURING COVID-19 PANDEMIC**

1. We take the safety of our patients very seriously. Despite precautionary measures, a dental office is considered a high risk environment for the possibility of COVID-19 transmission due to the creation of aerosol water spray during most procedures, the presence of other dental patients/staff, and characteristics of the virus. Though standard safety precautions are being observed, there is no method to completely eliminate the risk of transmission of COVID-19. _____(Initial)

2. I knowingly and willingly consent to dental treatment with Dr. Abraham Philip during the COVID-19 pandemic. _____(Initial)

3. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms yet are still highly contagious. It is impossible to determine who has COVID-19 and who does not given the current limitations and availability in COVID-19 viral testing. _____(Initial)

4. I am unaware of being a possible COVID-19 carrier or infected. I confirm that I have not tested positive for COVID-19 in the last 30 days and that I am not presenting with any of the following

- A. Fever of 100.5 degrees Fahrenheit or higher
- B. Shortness of breath
- C. Dry Cough
- D. Runny Nose
- E. Sore throat
- F. Diminished sense of taste or smell _____(Initial)

5. Contact with infected: I confirm that I have not knowingly been in close contact (defined as 6 feet or less for a duration of fifteen minutes or more) with someone who has tested positive for COVID-19 in the last 14 days, or with anyone that has had the above stated symptoms in paragraph 4 (#4) in the last 14 days. _____(Initial)

6. Public travel: I confirm that I have not traveled outside of the United States in the past 14 days. I confirm that I have not traveled domestically by commercial airline, bus, or train within the last 14 days. _____(Initial)

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the risks of contracting COVID-19 from the dental office and dental procedures. I reaffirm that I am not a carrier of COVID-19 nor infected with COVID-19 to the best of my knowledge. I voluntarily assume any and all medical/dental risks, including the substantial and significant risk of serious harm, if any, which may be associated with any phase of my treatment as a result of the COVID-19 pandemic. I acknowledge that the nature and purpose of the dental procedures recommended under the current circumstances and restrictions have been explained to me and that I have been given the opportunity to ask questions.

Printed Name _____

Signature _____

Date _____