

BENNINGTON DENTAL CENTER

Family and Cosmetic Dentistry

COVID-19 PANDEMIC DENTAL TREATMENT CONSENT FORM

I (patient's name), _____, knowingly and willingly consent to have dental treatment during the COVID-19 pandemic.

Have you been vaccinated? _____ NO (continue below) _____ YES. (sign below)

I understand 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 which could cause the disease to 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.

_____ (initial) I understand that due to the frequency of the 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.

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

_____ (initial) **Fever, shortness of breath, dry cough, runny nose, sore throat.**

_____ (initial) I verify that I have not traveled outside the United States in the past 14 days.

_____ (initial) I verify that I have not traveled domestically within the United States by commercial airlines within the past 14 days.

_____ (initial) I agree to notify the office if I should develop COVID-19 symptoms within 14 days of my visit.

Patient/guardian signature : _____

Date _____