

# Kneib Dentistry PC

## COVID-19 Pandemic Dental Treatment Consent Form

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 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. \_\_\_\_\_ (initial)
- 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 -- I have an elevated risk of contracting the COVID-19 virus simply by being in the office. \_\_\_\_\_ (initial)
- Please initial the following if you are **not currently experiencing/have not presented** with any of these COVID-19 symptoms within the past 14-21 days.

Fever \_\_\_\_\_

Headache \_\_\_\_\_

Dry cough \_\_\_\_\_

Fatigue \_\_\_\_\_

Runny nose \_\_\_\_\_

GI upset \_\_\_\_\_

Sore throat \_\_\_\_\_

Loss of taste/smell \_\_\_\_\_

Shortness of breath/difficulty breathing \_\_\_\_\_

- I confirm that I have not been in contact with a person who has been diagnosed with COVID-19 within the past 14 - 21 days. \_\_\_\_\_ (initial)
- I verify that I have not traveled outside the United States within the last 14 - 21 days. \_\_\_\_\_ (initial)
- I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the last 14 - 21 days. \_\_\_\_\_ (initial)
- I understand that due to the nature of dentistry, it violates the CDC recommendation of 6 feet of social distancing. \_\_\_\_\_ (initial)

Patient name (printed): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient/Legal Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_