



COVID-19 PANDEMIC DENTAL TREATMENT CONSENT FORM

I, _____, knowingly and willingly consent to have dental treatment completed during the COVID-19 (i.e. 2019 Novel Coronavirus, SARS-CoV-2) pandemic.

I understand the COVID-19 (i.e. 2019 Novel Coronavirus, SARS-CoV-2) 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 limitations in obtaining virus testing.

Dental procedures create water spray, known as aerosols, which is how the disease is spread. The ultra-fine nature of the spray can linger in the air for extended amounts of time, from minutes to hours, which can transmit the COVID-19 (i.e. 2019 Novel Coronavirus, SARS-CoV-2) virus.

- I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the nature of dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office. _____ (initial)
- At this time the ADA guidelines do not place any restrictions on resuming elective dental care. However, this does not imply that my risk of exposure or contraction of COVID-19 (i.e. 2019 Novel Coronavirus, SARS-CoV-2) does not exist. _____ (initial)
 - I was given the opportunity to reschedule at a later time. _____ (initial)
 - I understand that if I choose to delay treatment, my recommended treatment may have changed/progressed or other risks could have developed. _____ (initial)

I confirm that I am not currently presenting any of the following symptoms of COVID-19 (i.e. 2019 Novel Coronavirus, SARS-CoV-2) listed: fever, shortness of breath, dry cough, runny nose, sore throat, gastrointestinal issues. _____ (initial)

- I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 (i.e. 2019 Novel Coronavirus, SARS-CoV-2) virus. The CDC recommends social distancing of at least 6 feet for a period of 14 days to anyone who has traveled in this time period. This is not possible with dentistry. _____ (initial)
- I verify that I have not traveled outside of the United States in the past 14 days. _____ (initial)
- I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days. _____ (initial)
- I verify that I have not had contact with or cared for someone who has had symptoms associated with COVID-19 (i.e. 2019 Novel Coronavirus, SARS-CoV-2), or tested positive for the virus, within the past 14 days. _____ (initial)
- I verify that I have not tested positive for the virus. If I have tested positive for the virus, it has been 14 days since the conclusion of my symptoms. _____ (initial)

DENTAL PATIENT CONSENT AND RELEASE REGARDING COVID-19 (i.e. 2019 Novel Coronavirus, SARS-CoV-2)

COVID-19 (i.e. 2019 Novel Coronavirus, SARS-CoV-2) has had wide-ranging impacts on our everyday lives, including here at Lemay Family Dentistry ("The Practice"). As we transition back to providing dental care, the health and safety of staff and patients remains our top priority.

Precautions. The Practice has implemented, as appropriate, the Center for Disease Control's ("CDC") Guidance on Returning to Work as well as guidance by state and local health departments, and applicable state licensing

agencies (“the Precautions”). Some of the Precautions may include: regular screening of employees and pre-appointment screening of patients for respiratory illness indicators; limiting non-patient visitors to essential ones such as suppliers and barring family members and friends of patients as appropriate; practicing social distancing with staff and patients where possible; expanding the wearing of masks and other Personal Protective Equipment (“PPE”); rigorous cleaning and sanitizing of our work space, tools, and instruments; responding quickly and effectively to isolate exposed areas and people when a staff member or patient becomes sick; and, making reasonable efforts to assist with contact tracing and notifications where appropriate. Additionally, because dental procedures which use dental instruments such as handpieces, ultrasonic scalers, and air-water syringes create a spray which may contain contaminated droplets and aerosols, some of the Precautions may include transmission-based precautions published by the CDC and/or state licensing agencies, in addition to standard precautions. As guidance and circumstances change so may The Practice’s Precautions.

Consent. By signing this form, I acknowledge and understand that the implementation of some of the Precautions may change as circumstances warrant and that due to the nature of COVID-19 (i.e. 2019 Novel Coronavirus, SARS-CoV-2), The Practice does not guarantee I will not be exposed to COVID-19 (i.e. 2019 Novel Coronavirus, SARS-CoV-2) or expose others if I unknowingly have COVID-19 (i.e. 2019 Novel Coronavirus, SARS-CoV-2). Despite the risk that I could unintentionally be exposed to COVID-19 (i.e. 2019 Novel Coronavirus, SARS-CoV-2) at The Practice, I agree and consent to receiving dental care at The Practice. If I have questions about the Precautions in place, I understand The Practice will answer them to the best of its ability.

RELEASE. In consideration for the Precautions taken by The Practice to reduce my risk of possible exposure to COVID-19 (i.e. 2019 Novel Coronavirus, SARS-CoV-2), in consideration for receiving dental care at The Practice, and in consideration of the risk posed to The Practice and its staff in providing me dental care if I unknowingly have COVID-19 (i.e. 2019 Novel Coronavirus, SARS-CoV-2), **I hereby knowingly and voluntarily RELEASE AND FOREVER DISCHARGE (for myself, my heirs, executors, administrators, and assigns) The Practice (its present and former owners, officers, directors, providers, employees, agents, and representatives (including any volunteers), successors and assigns, any affiliates, and its direct or indirect owners), from any and all liability, claims, suits, actions, causes of action, crossclaims, counter-claims, compensatory damages, liquidated damages, punitive or exemplary damages, other damages, claims for costs and attorney’s fees, or liabilities of any nature whatsoever and demands of whatever kind or nature, either in law or in equity, for or because of any illness and injury I might incur from unintended exposure to COVID-19 (i.e. 2019 Novel Coronavirus, SARS-CoV-2) while I am at The Practice and because of any negligence or fault of The Practice arising directly or indirectly from the Precautions.**

In executing this document, IT IS MY INTENT to release all claims of any kind or character, including negligence claims, which I might have now or in the future against The Practice arising out of any illness or injury I might incur from unintended exposure to COVID-19 (i.e. 2019 Novel Coronavirus, SARS-CoV-2) at The Practice and from any because of any negligence or fault of The Practice arising directly or indirectly from the Precautions.

I have read the above. I fully understand it, and my questions have been answered to my satisfaction.

_____	_____
Signature of patient, parent or guardian	Date

Relationship to Patient	

TEMP: _____