**COVID-19 Pandemic Dental Treatment Consent Form**

We hope this letter finds you and your family in good health. Our community has been through a lot over the last few months, and all of us are looking forward to resuming our normal habits and routines. While many things have changed, one thing has remained the same: our commitment to your safety.

Infection control has always been a top priority for our practice and you may have seen this during your visits to our office. Our infection control processes are made so that when you receive care, it’s both safe and comfortable. We want to tell you about the infection control procedures we follow in our practice to keep patients and staff safe.

Our office follows infection control recommendations made by the American Dental Association (ADA), the U.S. Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA). We follow the activities of these agencies so that we are up-to-date on any new rulings or guidance that may be issued. We do this to make sure that our infection control procedures are current and adhere to each agencies’ recommendations.

Please consent to the following for your upcoming dental appointment:

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

* Fever
* Shortness of Breath
* Dry Cough
* Runny Nose
* Sore Throat
* Any other Flu-like symptoms, such as gastrointestinal Upset Headache or fatigue
* Recent loss of taste or smell

\_\_\_\_\_\_\_\_\_\_\_ (Initial)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And the CDC recommends social distancing of at least 6 feet for a period of 14 days to anyone who has, and this is not possible with dentistry. \_\_\_\_\_\_\_\_\_\_\_ (Initial)

I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19. \_\_\_\_\_\_\_\_\_\_\_ (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)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_