

COVID-19 CONSENT FOR DENTAL TREATMENT

The COVID-19 PANDEMIC has changed the world in which we live. I am seeking dental treatment during this pandemic. Drs. Goodman and Stein have informed me of the following information:

- Based on what is currently known about the COVID-19 virus and what is known about other coronaviruses, dissemination of the disease is thought to occur most frequently from person-to-person via respiratory droplets or aerosol spread among individuals in close contact with each other. The disease is also likely propagated by contact with viral particles that may remain viable on contaminated surfaces.
- The COVID-19 virus is highly contagious.
- The COVID-19 virus may be present in bodily fluids including nasal and salivary secretions of carrier individuals who may be totally asymptomatic as well as individuals who are symptomatic.
- Dental procedures can create aerosols.
- There may be an elevated risk of contracting the COVID-19 virus as a result of merely being in a dental office where patients and providers of dental treatment are in close contact with each other. Please read our COVID-19 Office Statement and our COVID-19 Protocols which are available at our reception desk and on our web site.
- I confirm that I am not experiencing any of the following symptoms of COVID-19:
 1. Fever
 2. Sore throat
 3. Cough
 4. Shortness of Breath
 5. Recent loss of taste or smell.

I will provide the office with an updated medical history form when I arrive for my appointment. The form is available in advance on the office web site and, if necessary, at the reception desk upon my arrival.

I consent to wearing a protective face mask at all times within the office except for those times when I am undergoing actual treatment.

I hereby acknowledge that I have read and understand the above information as well as the aforementioned 2020 COVID-19 Office Statement and COVID-19 Protocols of Drs. Goodman and Stein and I hereby consent to receiving my dental treatment.

Signed (Patient or Guardian)

Date

Email Address