

FAMILY DENTISTRY

124-09 Liberty Ave Richmond Hill, NY 11419.

COVID-19 Pandemic Emergency Dental Treatment Consent Form

I, _____, knowingly and willingly consent to have emergency dental treatment completed during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may or 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 is how the disease is 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.

- I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of the dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office. _____ (Initial)
- I have been made aware of the CDC, ODA, and ADA guidelines that under the current pandemic, all non-urgent dental care is not recommended. Dental visits should be limited to the treatment of pain, infection, conditions that significantly inhibit normal operation of teeth and mouth, and issues that may cause anything listed above within the next 3-6 months. __ (Initial)
- I confirm that I am seeking treatment for a condition that meets these criteria. _____ (Initial)

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below _____ (Initial):

- Fever
- Shortness of breath
- Dry cough
- Runny nose
- Sore throat

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. In addition, 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 of 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)

Patient/Guardian

Signature: _____ Date: _____

Dental Patient Consent Form

The patient, _____, will hold harmless and indemnify, the doctor, practice, associated, employees, successors, assigns, legal representatives, organizers, sponsors, and supervisors, against any claims, and actions, in exchange for dental treatment during the events of COVID-19 National Emergency from period of time _____ to _____.

“You are receiving dental care during the events of a COVID-19 National Emergency. Please be advised that there may be risks in being in the proximity of dentists, patients and staff. We are taking precautions to limit the spread of the disease, yet there is still a possibility of transmission.”

Acknowledgment

I, _____, make this decision of my own free will relying upon my knowledge and judgement of any injury I may have sustained or possible transmission of COVID-19 during treatment and my decision to release has not been affected by any false statements or representations pertaining to those injuries. I understand that this action is just a business decision and agree this represents a compromise between the patient and the doctor. Accordingly, this agreement is not an admission of any liability regarding the doctor, practice, associates, employees, successors, assigns, legal representatives, organizers, sponsors and supervisors, against any claims, and actions. I have carefully read this release and understand its contents, and I am signing it of my own free act.

Patient/Guardian

Signature: _____ Date: _____

Treating Dentist

Signature: _____ Date: _____