



Elizabeth Patino, DMD, PA

Dental Treatment Consent During COVID-19 Pandemic.

I, _____ (first and last name of patient/guardian), knowingly and willingly consent to have dental treatment completed during the current pandemic of the coronavirus 2019 (COVID-19) for which no vaccine or specific treatment is available.

I understand that most dental procedures that create a mist in the air (aerosolized particles) can have the COVID-19 virus, increasing my chances of receiving and/or spreading the virus _____ (initial).

I am aware that COVID-19 may be present in all surfaces that I touch _____ (initial).

I understand that it is impossible to determine who has COVID-19, the current testing limitations and its highly contagious nature _____ (initial). I am aware that the virus has a long incubation period during which it can spread and that carriers may not have any COVID-19 symptoms _____ (initial).

I am aware of the center of disease control (CDC) guidelines that under the current pandemic, all non-urgent dental care is not recommended _____ (initial).

I confirm that I am seeking dental care to treat pain, infection and/or any other condition that significantly prevents my normal use of my teeth and mouth, and/or issues that may cause anything listed above if not treated within the next 3-6 months _____ (initial).

I confirm that I do not have any of the following COVID-19 symptoms:

- Fever _____ (initial).
- Headache _____ (initial).
- Shortness of breath _____ (initial).
- Cough _____ (initial).
- Sore throat _____ (initial).
- Runny nose _____ (initial).
- New loss of sense of taste and/or smell _____ (initial).
- Muscle Pain _____ (initial).
- Chills _____ (initial).
- Repeated shaking with chills _____ (initial).

I understand that travel by airline, bus or train significantly increases my risk of contracting and spreading the COVID-19. And the CDC recommendations of social distancing of at least 6 feet apart for a period of 14 days to anyone who has traveled _____ (initial), and that 6 feet distancing is not possible with any dental treatment _____ (initial).

I have had the opportunity to ask any questions _____ (initial).

Signature of patient and/or guardian

Date