



H O L E H O U S E

CENTER FOR COMPLETE DENTISTRY

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COVID-19/Coronavirus Dental Treatment Consent Form

I, \_\_\_\_\_ (Patient name), knowingly and willingly consent to have 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 not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not giving the current limits and availability in the virus testing.

Dental procedures create water spray. It is unclear as to how long the ultra-fine nature of the spray may linger, which Dr. Holehouse and his staff try to minimize by using **High Volume Suction** during your visit, limiting any potential spreading of any virus. It is also why at our practice, we abide by proven disinfectant protocols before and after each appointment.

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

- Fever >100.4 F
- Shortness of breath or difficulty breathing
- Dry cough
- Loss of sense of taste or smell
- Headache
- Runny Nose
- Sore throat
- Chills
- Muscle pain or body aches
- Nausea, diarrhea
- Hives or rashes

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_