

**DENTAL TREATMENT DURING COVID-19 PANDEMIC**  
**NOTICE AND ACKNOWLEDGEMENT OF RISK FORM**

Our goal is to provide a safe environment for our patients and staff, and to advance the safety of our local community. This document provides information we ask you to acknowledge and understand regarding the novel COVID-19 virus.

The COVID-19 virus is a serious and highly contagious disease and is believed to spread by person-to-person contact; and, as a result, federal and state health and dental agencies recommend social distancing. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. Our practice wants to ensure you are aware of the additional risks of contracting COVID-19 associated with dental care.

The COVID-19 virus has a long incubation period. You or your healthcare providers may have the virus and not show symptoms and yet still be highly contagious. I understand that, even if I have been tested for COVID-19 and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID-19 after the test.

Due to the frequency and timing of visits by other dental patients, the characteristics of the virus, and the characteristics of dental procedures, there may be an elevated risk of you contracting the virus simply by being in a dental office. I understand that, if I have a COVID-19 infection, and even if I do not have any symptoms, proceeding with this treatment/procedure can lead to a higher chance of complication and death.

Dental procedures create water spray which is one way the disease is spread. The ultra-fine nature of the water spray can linger in the air for a long time, allowing for transmission of the COVID-19 virus to those nearby.

You cannot wear a protective mask over your mouth to prevent infection during treatment as your health care providers need access to your mouth to render care. This leaves you vulnerable to COVID-19 transmission while receiving dental treatment.

I understand that possible exposure to COVID-19 may result in serious medical complications, testing, extended quarantine/self-isolation, hospitalization, Intensive Care treatment, possible need for intubation/ventilator support, other complications, and the risk of death. I further understand that COVID-19 may cause additional risks, some or many of which may not be currently known at this time.

I confirm that I have read the Notice above and understand and accept that there may be an increased risk of contracting the COVID-19 virus in the dental office or with dental treatment. I further confirm I am seeking treatment for a condition that is necessary and cannot be prolonged. I understand and accept the additional risk of contracting COVID-19 from contact arising from this office visit. I also acknowledge that I could contract the COVID-19 virus from outside this office and unrelated to my visit here.

**I UNDERSTAND THE INFORMATION STATED ABOVE AND HAVE NO QUESTIONS AND CONSENT TO THE DENTAL PROCEDURE.**

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

Date/Time: \_\_\_\_\_

Witness: \_\_\_\_\_

Date/Time: \_\_\_\_\_