



Kruckman FAMILY DENTISTRY

COVID-19 Pandemic

Dental Treatment Consent Form

Even after following protocols set by the American Dental Associations and our state's dental association, it is still possible to contract the COVID-19 virus while at a dental office. We are following all guidelines to minimize the risk of transmission.

- I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic. I understand that the COVID-19 virus has a long incubation period during which carriers of this virus may not show symptoms and may still be highly contagious. _____ (Initial)
- I understand that - due to the frequency of visits of other dental patients, the characteristics of the COVID-19 virus, and the characteristics of dental procedures – I have an elevated risk of contracting the COVID-19 virus simply by being in a dental office. _____ (Initial)
- I confirm that I am not presenting any of these COVID-19 symptoms: _____ (Initial)
 - Fever
 - Shortness of breath
 - Dry cough
 - Runny nose
 - Sore throat
 - Loss of taste or smell
- I confirm that I have not been in contact with a person who has been diagnosed with COVID-19 within the past 14 days. _____ (Initial)
- I confirm that I am not awaiting COVID-19 results. _____ (Initial)

Printed name: _____ Date of birth: _____

(Patient)

(Patient)

Signature: _____ Today's date: _____

(Patient or legal guardian)

Additional form on back ->

Dental Treatment in the Era of COVID-19

Patient: _____

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as "Coronavirus" at any time or in any place. Be assured that we have always followed state and federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of all diseases in our office and continue to do so.

Despite our careful attention to sterilization, disinfection, and use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be at your gym, grocery store, or favorite restaurant. "Social Distancing" nationwide has reduced the transmission of the Coronavirus. Although we have taken measures to provide social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, dentist, dental staff and sometimes other patients at all times.

Although exposure is unlikely, by signing below, you:

Accept the risk and consent to treatment.

Patient/Guardian Signature: _____

Date: _____