



Post COVID-19 Pandemic Dental Treatment Consent Form

- I, _____, knowingly and willingly consent to have dental treatment completed during or closely after 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. Given the current limitations in virus testing, it is impossible to accurately determine who may or may not be actively infected.

Dental procedures create water spray. It is unclear as to how long the ultra-fine nature of the spray may linger in the air, which can transmit the COVID-19 virus.

To protect our patients and our staff, Obeid Dental adhering to the guidelines of the CDC for Dental Providers, including (but not limited to) temperature checks, PPE and confirmation of absence of COVID-19 symptoms and risk factors. Please review the items below and initial where indicated to confirm.

- I confirm that I am not presenting any of the following symptoms of COVID-19:
 - Fever
 - Shortness of Breath
 - Loss of Sense of Taste or Smell
 - Dry Cough
 - Runny Nose
 - Sore Throat
 - _____ (Initial)
- 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. _____ (Initial)
- I verify that I have not traveled outside 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 Signature _____ Date _____

Patient Temperature _____ Initials of assessor _____

* Obeid Dental reserves the option to reschedule treatment for any patient who confirms they are symptomatic, is exhibiting symptoms, or is at elevated risk of contagion.