Appointment Consent Form

I, _____, 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 given the current limits in virus testing. Dental procedures create water spray which may potentially lead to spread of disease. Although this is mitigated greatly due to the protective measures in place at Dental offices, the risk still remains.

•I confirm that I am not presenting any of the following symptoms listed below:
- Fever
- Shortness of Breath
- Dry Cough
- Runny Nose
- Sore Throat

_____ (Initial)

Have you tested positive for COVID19? Y N

If Yes, has it been at least 10 days since the onset of your symptoms and you have had no fever for at least 24 hours OR 10 days since you tested positive without symptoms? Y N

Name_____Date_____