



ACWORTH
Premier Dental Care

COVID-19 Pandemic Dental Treatment Consent Form

I, _____, knowingly and willingly consent to have dental treatment completed during 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. Dr. Yen Tran and her team is adhering to CDC, OSHA, and ADA guidelines to prevent the spread of the virus.

- I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristic of dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office. I also acknowledge that I could contract the COVID-19 virus from outside this office and unrelated to my visit here _____ (Initial)
- I have been made aware of the CDC, ODA, and ADA guidelines that under current pandemic all dental care. _____ (Initial)
- I confirm that I am not presenting any of the following symptoms of COVID-19 Listed below:
 - Fever
 - Shortness of breath
 - 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 travelled 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 travelled domestically within the United States by commercial airline, bus, or train within the past 14 days. _____ (Initial)

Name: _____

Date: _____