



COVID-19 Pandemic Dental Treatment Consent Form

Tipton Park Dentistry has always taken precautions to ensure the health and safety of our patients and team members. We have always practiced universal precautions including sterilizing instruments, cleaning and disinfecting operatory surfaces and equipment, and the use of Level 3 (or better) masks and gloves. During the recent COVID-19 pandemic, we are elevating our use of personal protective equipment (PPE), having patients wait in their cars, limiting access to our building and practicing social distancing. We have taken these precautions to reduce the risks of contracting this disease. It is impossible, however, to make the risks zero.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. Dental procedures can create water spray which can potentially spread the disease.

- I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.
_____ (Initial)

- I confirm that no person in my immediate family, including myself, has presented any of the following symptoms of COVID-19 listed below in the last 14 days:
 - Fever
 - Shortness of Breath
 - Dry Cough
 - Flu-like Symptoms
 - Sore Throat
 - Loss of Taste or Smell _____ (Initial)

- I have not been to a hospital or doctor’s office in the past 14 days. _____ (Initial)

- I understand that travel significantly increases my risk of contracting and transmitting the COVID-19 virus.
 - I verify that I have not traveled outside the United States in the past 14 days.
_____ (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 Name _____ Birth Date _____

Signature _____ Today’s Date _____

Guardian Name _____

Guardian Signature _____