

COVID-19 DENTAL TREATMENT NOTICE AND ACKNOWLEDGEMENT OF RISK FORM

Our goal is to provide a safe environment for our patients and staff, and to advance the safety of our local community. This document provides information we ask you to acknowledge and understand regarding the COVID-19 virus.

The COVID-19 virus is a serious and highly contagious disease. You could contract COVID-19 from a variety of sources. Our practice wants to ensure you are aware of the additional risks of contracting COVID-19 associated with dental care.

The COVID-19 virus has a long incubation period. You, your family, anyone your around, or even your healthcare providers may have the virus and not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated due to availability for virus testing.

Due to the frequency and timing of visits by other dental patients, the characteristics of the virus, and the characteristics of dental procedures, there is an elevated risk of you contracting the virus by being in a dental office.

Dental procedures create water spray, or aerosol, which is one way the disease is spread. The ultra-fine nature of the aerosol can linger in the air, allowing for transmission of the COVID-19 virus to those nearby.

You cannot wear a protective mask over your mouth to prevent infection during treatment as your health care providers need access to your mouth to render care. This leaves you vulnerable to COVID-19 transmission while receiving dental treatment.

Pursuant to statements from the Center for Disease Control (CDC), the American Dental Association (ADA), the California Dental Association (CDA), and the Kern County Dental Society (KCDS), we are rendering treatment that has been approved if following all of the proper infection control guidelines and wearing appropriate personal protective equipment.

I confirm that I have read the notice above and understand and accept that there is a risk of contracting the COVID-19 virus in the dental office or with dental treatment. I further confirm I am seeking treatment for a condition willingly and that the treatment meets criteria noted above. I understand and accept the risk of contracting COVID-19 from contact at this office. I also acknowledge that I could contract the COVID-19 virus from outside this office and any contraction of the disease could be unrelated to my visit here.

I have read and understand the information stated above:

_____Signature _____Date

_____Witness