

## Patient Consent During Pandemic - Dental

I understand the novel coronavirus causes the disease known as COVID-19. Certain dental procedures create water spray which may contribute to the risk of transmission. At this time, dental practices will attempt to limit treatment to procedures that do not produce spray (aerosol) whenever possible. This may mean that a temporary solution or modified treatment approach may be required. Sometimes it is not possible to eliminate all aerosols. We encourage all patients who have questions about the safety of dentistry during COVID-19 to address them with their dental care provider.

While much about COVID-19 remains unknown, there may be a risk of contracting the virus. Regulatory guidelines have provided infection prevention and control measures to which we adhere.

The following dental treatment is recommended for me: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Acknowledgement and Consent

- I have received information about COVID-19.
- I acknowledge that I have informed the dental practice if I have ANY of these symptoms or risk factors.
- I accept the risks of transmission of the virus in a dental office setting.
- I understand that the dental treatment options may be limited during this time in an effort to reduce/eliminate the risk of transmission.
- I have had the above treatment explained to me, including the risks and benefits, treatment alternatives, cost, follow-up requirements, and consequences of no treatment.
- I have had an opportunity to ask questions and have had my questions answered to my satisfaction.
- I consent to and wish to proceed with above dental treatment.

Patient Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_