



Concho Valley Family Dental

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## COVID-19 Dental Treatment Consent Form

I, \_\_\_\_\_, am **Under / Over** 60 years of age and 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 is how the disease is spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus.

- I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office. \_\_\_\_\_ (Initial)
- I have been made aware of the CDC and ADA guidelines that under the current pandemic all non-urgent dental care is not recommended. Dental visits should be limited to the treatment of pain, infection, conditions that significantly inhibit normal operation of teeth and mouth, and issues that may cause anything listed above within the next 3-6 months. \_\_\_\_\_ (Initial)
- I confirm I am seeking treatment for a condition that meets these criteria. \_\_\_\_\_ (Initial)

1. Have you been tested for COVID-19? Tested positive, negative or waiting results?

2. Have you had a fever or feel hot or feverish?

3. Do you have any of the following respiratory symptoms? Fever/Sore Throat/Cough/Shortness of Breath?

4. Have you recently lost your sense of smell or taste?

5. Do you have respiratory, heart, lung or kidney disease, diabetes or any auto-immune disorders?

6. Do you have any GI symptoms? Diarrhea? Nausea?

7. Even if you don't currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 to 21 days?

8. Have you been in contact with someone who has tested positive for COVID-19 in the last 14 days?

9. Have you traveled outside the United States by air/cruise ship in the past 14 days to affected countries?

10. Have you traveled within the United States by air/bus/train within the past 14 days?

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)

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Temp: \_\_\_\_\_