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**COVID-19 Pandemic Dental Treatment Consent Form**

Even after following protocols set by the American Dental Association and our state's dental association it is still possible to contract COVID-19 while at the dental office. We are following all guidelines to minimize the risk of transmission.

- I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic. I understand that the COVID-19 virus has a long incubation period during which carriers of this virus may not show symptoms and may still be highly contagious. \_\_\_\_\_(Initial)
- I understand that due to the frequency of visits of other dental patients, the characteristics of the COVID-19 virus, and the characteristics of dental procedures-I have an elevated risk of contracting the COVID-19 virus simply by being in a dental office. \_\_\_\_\_(Initial)
- I confirm that I am not presenting with any COVID-19 symptoms:  
Runny Nose  
Sore Throat  
Fever or Flu like symptoms  
Dry Cough  
Shortness of breath  
Loss of taste/smell \_\_\_\_\_(Initial)
- I confirm that I have not been in contact with a person who has been diagnosed with COVID-19 within the past 14 days. \_\_\_\_\_(Initial)
- I understand the CDC recommends social distancing of at least six feet and this is not possible with dentistry. \_\_\_\_\_(Initial)
- 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, charter bus or train within the past 14 days. \_\_\_\_\_(Initial)

Printed Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_