Patient Consent for Emergency or Urgent Dental Treatment During COVID-19 Pandemic

Alex Rader DDS

I, _____, knowingly and willingly consent to have emergency dental treatment completed by Dr. Alex Rader during the COVID-19 Pandemic.

I understand that 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 is infected and who is not given the current limits in virus testing.

Dental procedures create water spray. It is unclear as to how long the ultra-fine nature of the spray may linger in the air, which can transmit the COVID-19 virus.

Instructions to Patient. Initial next to each statement to indicate your understanding.

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 within the next 3-6 months. _____

I confirm that I am seeking treatment for a condition that meets these criteria. _____

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- Fever greater than 100.4°F
- Shortness of breath or difficulty breathing
- Recent loss of taste or smell
- Cough
- Runny Nose
- Sore Throat

_____

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. _____

I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19. _____

I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days _____

Patient (Parent or Legal Guardian) Printed Name _____

Patient (Parent or Legal Guardian) Signature _____

Date _____