CHRYSALIS DENTAL

COVID-19 Regular Dental Treatment Consent

I, _____ consent to have regular dental treatment during the COVID-19 pandemic at this office. I have also been verbally informed of the risks.

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

Fever, shortness of Breath, Dry Cough, Running Nose, Sore Throat, Sudden Loss of Taste and Smell

➤ _____(initial)

- I verify that I have not traveled outside the USA in the past 14 days, and that I have been following the self-quarantine and social distancing guidelines for the past 14 days minimum. I also have not been exposed to a CORONAVIRUS positive patient in the last 14 days, to the best of my knowledge

➤ _____(initial)

I understand that this office screens all patients and staff for possible COVID-19 infection per the current guidelines. However, carries of the virus may be completely asymptomatic and still be contagious. Some may never develop full blown symptoms. Presently, it is possible to determine who is an asymptomatic carrier. While this office strictly adheres to the WISHA standards as they currently exist, Coronavirus is a new, highly contagious pathogen that can be transmitted to and from healthcare workers even under strict followed WISHA standards. This virus can be spread through droplets or contact. Additionally, certain dental procedures create water mist (aerosol) which is one way the virus is spread. The aerosol and thus the virus can linger in the air for hours after certain dental procedures.

- I understand that due to other dental patients visiting the office and due to the characteristics of the virus and dental procedures, I have an elevated risk of contracting the virus simply by being in a dental office.

➤ _____(initial)

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

➤ _____(initial)

- I understand the CDC recommends social distancing of at least 6 feet, and this is not possible when seeking dental care.

➤ _____(initial)

Signature _____   **Date** _____