

## COVID-19 Treatment Consent and Release of Claims Form

I, \_\_\_\_\_(the patient), consent to receive dental treatment from Kirk Dental 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 the virus testing.

Dental procedures can create water spray. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus. Kirk Dental has taken measures to reduce aerosols and treat the air to reduce this risk.

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 may have an elevated risk of contracting the virus simply by being in a dental office. \_\_\_\_\_(Initial)

I have been made aware of the CDC, MDS, 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, or conditions that significantly inhibit the normal operation of teeth and mouth. \_\_\_\_\_(Initial)

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

- Fever
- Dry Cough
- Shortness of Breath
- Persistent pain or pressure in the chest
- Loss of smell or taste \_\_\_\_\_(Initial)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. I also understand that the CDC recommends social distancing of at least 6 feet for a period of 14 days to anyone who has traveled recently. \_\_\_\_\_(Initial)

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

Patient Name: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_