

COVID-19 Treatment Consent and Release of Claims Form

I, _____, consent to receive dental treatment from Kirk Dental during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period. 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 testing.

Dental procedures can create an aerosol. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours. Kirk Dental has taken measures to reduce aerosols and treat the air to reduce the risk.

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 the protocols put in place at Kirk Dental to keep everyone safe. All who enter Kirk Dental will be asked to wash their hands and have their temperature taken and attest to their health. All staff and patients will wear face masks while in the building except for when they are receiving care. _____ Initial

Kirk Dental is invested in our health and adheres to the strictest policies as put forth from the ADA, OSHA and the CDC.

Patient Signature

Date