

Covid-19 Risk Form

First name - Patient

X

Last name - Patient

X

Our goal is to provide a safe environment for our patients & staff, and to advance the safety of our local community. As your dental care provider, we are following all Federal, State and Local Government guidelines. In addition, we are utilizing the recommendations from the American Dental Association, North Carolina Dental Board and the Center for Disease Control and Prevention in regards to sanitization and infection control. This document provides information we ask you to acknowledge and understand regarding the COVID-19 virus.

The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. Our practice wants to ensure you are aware of the additional risks of contracting COVID-19 associated with dental care.

The COVID-19 has a long incubation period. You or your healthcare providers may have the virus and not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated due to limited availability for virus testing.

Due to the frequency and timing of visits by other dental patients, the characteristics of the virus and the characteristics of dental procedures, there is an elevated risks of you contracting the virus simply by being in a dental office.

Dental procedures create water spray which is one way the disease is spread. The ultra-fine nature of the water spray can linger in the air for a long time allowing for transmission of the COVID-19 virus to those nearby.

You cannot wear a protective mask over your mouth to prevent infection during treatment as your health care providers need access to your mouth to render care. This leaves you vulnerable to COVID-19 transmission while receiving dental treatment.

I confirm that I have read the Notice above and understand and accept that there is an increased risk of contracting COVID-19 virus in the dental office or with dental treatment. I further confirm that I am seeking and consent to receive dental treatment despite this risk. I understand and accept the additional risk of contracting COVID-19 from contact at this office even though all precautions will be taken to reduce and/or eliminate this risk. I also acknowledge that I could contract the COVID-19 virus from outside this office and unrelated to my visit here.

I have read and understand the information stated above:

Signature:

Date:

Witness' Name:

Witness' Signature

Date:

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Form History

✓
Completed

Feb 17, 2021
10:22:42 EST

The form has been completed