

COVID-19 PANDEMIC EMERGENCY DENTAL TREATMENT

Consent Form

I, _____, knowingly and willingly consent to have emergency dental treatment completed during the COVID-19 pandemic.

I consent to have my body temperature taken. _____(Initial)

Temperature: _____ (Must be below 100.4 to be treated in this dental facility.)

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 virus testing. Dental procedures create water spray which is how the disease is spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 Virus. _____(Initial)

I understand that due to the visits of other patients, the characteristics of the virus, and the characteristics of dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office. _____(Initial)

I have been made aware of the HDA, CDC, and ADA guidelines that under the current pandemic all non-urgent dental care is not recommended. I understand this risk and confirm that I have an urgent or emergent condition which constitutes severe pain and/or active acute infection. _____(Initial)

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

I confirm that I am free of the following symptoms of COVID-19 listed below and have been for the last 3 days:

- Fever
- Shortness of Breath
- Dry Cough
- Runny Nose
- Sore Throat

_____ (Initial)

I verify that I have not had close contact with anyone diagnosed with COVID-19. _____(Initial)

I verify that I have not traveled outside of Oahu in the past 14 days. _____(Initial)

Printed Name: _____

Signature: _____ **Date:** _____

Staff: _____