

## COVID-19 Dental Consent Form

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19 at any time or in any place. Despite our careful attention to sterilization, disinfection, and use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be at your grocery store. Although we have taken measures to provide social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, dentist, dental staff and sometimes other patients at all times.

I, \_\_\_\_\_,

knowingly and willingly consent to have dental procedure completed during the COVID-19 pandemic.

- I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of the dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office.
- I will hold harmless and indemnify, the doctor, practice, associates, employees, successors, assigns, legal representatives, organizers, sponsors, and supervisors, against any claims, and actions, in exchange for dental treatment during the events of COVID-19 pandemic.

\_\_\_\_\_  
**Patient/Guardian's Signature**

\_\_\_\_\_  
**Date**

Please provide patient name if signed by a guardian

**Patient Name (Print):**

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