

COVID-19 Dental treatment consent:

I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic. I understand that 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 not possible at this time to determine who has it and who does not, given current limits in virus testing. Dental procedures can create water spray which may transmit the virus. I have confirmed on a separate form that I am not presenting with symptoms of COVID-19 and confirm that I have not been around someone with the virus, virus like symptoms and/or is quarantined.

Signature: _____

You represent and warrant that the individual agreeing to the terms of this Agreement is authorized and empowered to agree to this Agreement on your behalf. You further agree that this Agreement is completely valid, has legal effect, is enforceable, and is binding on and non-refutable by you.

Date and time agreed upon: _____