



COVID-19 Acknowledgement of Risk Form and Consent to Treatment

With the presence of COVID-19 globally and locally, our office has been working diligently since the outbreak to ensure for the optimal safety of our staff, patients, and community.

If you are experiencing any of the following symptoms or conditions listed below please **DO NOT** come to your scheduled dental appointment.

Fever	Sore Throat
Shortness of Breath	Runny Nose
Dry cough	Body aches
Chills and/or with repeated shaking	

If you are negative for all of the aforementioned conditions, please remain in your vehicle once you arrive at our office. Please call (570) 386-4867 or text (484) 464-1365 to notify us of your arrival and we will escort you into the building at the appropriate time.

Only the scheduled patient will be allowed entry into the office. Parents/guardians escorting children will be asked to remain in their vehicle. We will gladly discuss your child's treatment with you over the phone at the end of their appointment.

COVID-19 Consent to Treatment

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 impossible to determine who has it and who does not.

Dental procedures create water spray which is how the disease spreads. The ultra-fine nature of the spray can linger in the air for minutes to hours, which can transmit the COVID-19 virus.

- I understand due to the frequency of visits of other dental 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 confirm that I am not presenting with any of the following symptoms of COVID-19 listed: Fever, Shortness of Breath, Dry cough, Runny Nose, Sore Throat, Body aches Chills and/or with repeated shaking _____ (initial)
- The CDC recommends social distancing of at least 6 feet away, and this is not possible for the dental visit _____ (initial)
- I verify I have not traveled outside the US in the past 14 days _____ (initial)
- I verify I have not traveled domestically within the US by commercial airline, bus, or train within the past 14 days _____ (initial)

Patient/Guardian Signature _____ Date _____