

Your Letterhead

“Covid-19 Risk Informed Consent

Our goal is to provide you, our team and our local community with a safe environment to receive your treatment. Please carefully read the information below regarding COVID-19 in a dental office. We have always follow state and federal regulations and recommendations for universal personal protection and disinfection protocols to limit transmission of all diseases in our office and we continue to do so. Like every health care practice, we are required to inform you of the risks below.

The World Health Organization has classified the COVID-19 virus pandemic as a serious and highly contagious disease. You could contract COVID-19 from a variety of sources, but we want to make sure that you are aware of the additional risks of contracting COVID-19 associated with dental care.

The COVID-19 virus has a long incubation period; you or your healthcare providers may have the virus and not show symptoms and yet be highly contagious—we do everything to minimize this. Due to the frequency and timing of visits by other dental patients, the characteristics of the virus and the characteristics of dental procedures, there may be an elevated risk of contracting the virus simply by being in a dental office.

Dental procedures create ultra-fine water spray that can linger in the air for awhile, which is one way the disease is spread. Even though we pay careful attention to sterilization, disinfection and use of personal barriers, there is still a chance that you could be exposed in our office, just as you might be at your grocery store, favorite restaurant or anywhere you go. We practice social distancing wherever possible, but due to the nature of the services we provide you, it is not possible to maintain social distancing between you, your orthodontist and our orthodontic staff.

Although you wear a protective mask before and after every treatment, you cannot wear a protective mask over your mouth while we are working in it. This leaves you vulnerable to COVID-19 transmission while receiving dental treatment even though we will take every possible precaution to protect you.

Please indicate that you have read and understood the information above.

- ☐ I confirm that I have read the above notice, understand and accept that there may be an increased risk of contracting the COVID-19 virus in a dental office or during dental treatment.
- ☐ I confirm that I am seeking treatment for a condition that is necessary and cannot be ignored or prolonged.
- ☐ I understand and accept the additional risk of contracting COVID-19 from contact with this office.
- ☐ I also acknowledge that I could contract the COVID-19 virus from outside this office that is unrelated to my visits here.

Signature of patient or authorized representative: _____

Today's Date: _____