



URBAN DENTAL

FAMILY COSMETIC IMPLANT DENTISTRY

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COVID-19 PANDEMIC DENTAL TREATMENT CONSENT FORM

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

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.

I understand that 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. _____ (Initials)

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

- | | |
|---------------------|-------------------|
| Fever | Flu-like symptoms |
| Shortness of Breath | Dry Cough |
| Loss of taste | Loss of smell |

Have you been in contact with any confirmed COVID-19 positive patients?	Yes or No
Have you traveled in the past 14 days to any regions affected by COVID-19?	Yes or No

Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment. _____ (Initials)

Patient Signature Date

Signature of Legal Guardian Relationship if not the Patient