

## Informed Consent for Dental Treatment during COVID-19 Pandemic

Great River Dentistry of Bemidji, PLLC

Our goal is to provide a safe environment for our patients and staff, and to advance the safety of our community. COVID-19 is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You can contract COVID-19 from a variety of sources. Our practice wants to ensure you are aware of the risks associated with dental care during the pandemic. Great River Dentistry is following all guidelines set by the American Dental Association, the MN Board of Dentistry, the MN Department of Health, and the Centers for Disease Control to minimize the risk of transmission, but it is still possible to become infected with the COVID-19 virus while in the dental setting.

- 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 this virus may not show symptoms and may still be highly contagious.

\_\_\_\_\_ (Initial)

- I understand that – due to the frequency of visits of other dental patients, the characteristics of the COVID-19 virus, and the characteristics of dental procedures (the inability to practice social distancing while treatment is rendered, the inability of a patient to wear a facemask while treatment is rendered, and the creation of aerosols while treatment is rendered) – I have an elevated risk of contracting the COVID-19 virus simply by being in a dental office.

\_\_\_\_\_ (Initial)

- I confirm that I am not presenting any of these COVID-19 symptoms:
  - Fever
  - Shortness of breath
  - Dry cough
  - Runny nose
  - Sore throat

\_\_\_\_\_ (Initial)

- I confirm that I have not been in contact with a person who has been diagnosed with COVID-19 within the past 14 days.

\_\_\_\_\_ (Initial)

- I verify that I have not traveled outside the United States in the past 14 days.

\_\_\_\_\_ (Initial)

- I verify that I have not traveled domestically within the United States by commercial airline, bus or train within the past 14 days.

\_\_\_\_\_ (Initial)

I confirm that I have read the Notice above and understand and accept that there is an increased risk of contracting the COVID-19 virus in the dental office or with dental treatment. I further confirm that I understand and accept the additional risk of contracting COVID-19 from contact at this office. I also acknowledge that I could contract the COVID-19 virus from outside this office and unrelated to my visit here.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date