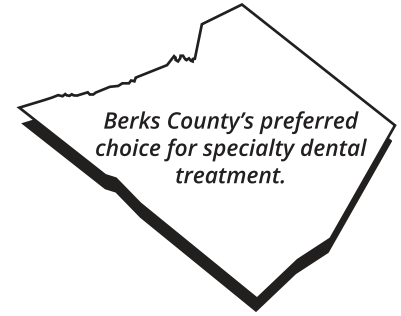




SCOTT BRAM, D.M.D. • BRIAN FREY, D.M.D.  
CHARLES GLOSSON, D.M.D.



## COVID-19 Pandemic Emergency Dental Treatment Consent Form

I, \_\_\_\_\_, knowingly and willingly consent to have emergency or elective 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. \_\_\_\_\_ (initial)
- The CDC recommends social distancing of 6 feet and this is not possible with dentistry. \_\_\_\_\_ (initial)

I confirm that I am not presenting with any of the following symptoms:

- Fever
- Shortness of Breath
- Cough
- Runny Nose
- Sore Throat
- Recent Loss of Taste or Smell
- Contact with Confirmed COVID-19 Positive Patients
- Flu Like Symptoms

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Signature of Patient or Personal Representative

Date