

PDO Specialists COVID-19 Consent and Waiver Form

With community transmission of communicable diseases such as Covid-19 (also called Coronavirus), you can be exposed anywhere. Our dental practice is following the County, State and Federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of Covid-19. However, it is possible that these precautions will not always be successful in blocking the transmission of the virus. Social distancing nationwide has reduced the transmission of Covid-19, but it is not possible to provide dental treatment with social distancing between the patient, dentist, dental staff and sometimes, other patients. Additionally, dental procedures can create water spray or aerosols which is a route of transmission. Please be assured that we are taking extraordinary steps and following recommended ADA and CDA guidelines to minimize and eliminate aerosol production whenever possible.

By presenting yourself or your child for dental treatment, you assume and accept the risk that you or your child may inadvertently be exposed to Covid-19.

If you have been exposed to a Covid-19 prior to your dental appointment, you may spread the disease to other patients/parents, the dentists, and dental staff in the practice. In order to minimize the possible transmission of the virus, you are required to acknowledge the following:

1. **You, your child, and an accompanying adult to today's appointment have not tested positive for or been diagnosed as having Covid-19**
2. **You, your child, or others accompanying you to today's appointment do not have any of the following symptoms:**
 - A Fever
 - A Cough
 - A runny nose or sore throat
 - Loss of taste or smell
 - Shortness of Breath and/or Trouble Breathing
 - Persistent Pain, Pressure or Tightness in the Chest

If you, your child, or an accompanying adult have any of the above symptoms, or have recently tested positive for or been diagnosed with Covid-19, please call to reschedule your dental appointment.

By signing below you acknowledge and accept the risk of exposure in our dental practice to Covid-19, and consent to being in our office today for treatment.

Patient Name

Date

Parent/Patient Signature