

# COVID Consent Form

We're committed to creating a safe environment for our patients and staff and to supporting the wellbeing of our local community. Please take a moment to review and acknowledge the following information regarding the COVID-19 virus.

The COVID-19 virus is a contagious disease classified by The World Health Organization as a pandemic. It's possible to contract COVID-19 from a variety of sources.

We've taken steps to reduce the possibility of transmitting any disease in our office, including COVID-19. We've altered the frequency and timing of patient visits, and we follow social distancing protocols whenever possible. Our upgraded air purification systems, High Volume Evacuation, strict sterilization procedures, and use of Personal Protective Equipment dramatically lower the risk of disease contraction in our setting: It does not eliminate the risk.

I understand and accept the risks associated with contracting COVID-19 from dental care in this office. I also acknowledge that I could contract the COVID-19 virus before or after my visit from other sources. I agree to continue with my dental care.

## COVID Consent Form

**Name \***

**Mobile Phone Number \***

First Name

Last Name

**Email Address \***

**Date \***

**Signature \***