

Supplemental Informed Consent Form

Dental Treatment in the Era of COVID-19

Thank you for your trust in our practice to serve your dental needs. As with the transmission of any communicable disease like a cold or the flu, people may be exposed to COVID-19, also known as “coronavirus,” at any time or in any place. Be assured that we continue to follow state and federal regulations as well as recommended universal personal protective equipment (PPE) and disinfection protocols to limit transmission of all diseases in our office.

Despite our careful attention to sterilization, disinfection and the use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be exposed at your gym, grocery store or favorite restaurant. Nationwide social distancing has reduced the transmission of the coronavirus. Although we have taken measures to enable social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, dental healthcare team members and sometimes other patients at all times.

Although exposure is unlikely, we took your health and safety as our utmost priority and would like to make sure you fully understand the potential risk before your consent to any dental care treatment in our practice.

I, _____, had thorough discussion about COVID-19 with providers, fully understand the potential risk of COVID-19 exposure and consent to have my dental care at The Graceful Smile Dental.

Patient/Parent’s Signature

Date