

**COVID19 DENTAL TREATMENT CONSENT FORM**  
**LOCKPORT DENTAL GROUP**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Because of the unique circumstances of the COVID19 pandemic, we are providing this special consent as the risks related to COVID19 must be weighed against the potential detrimental effects of postponing dental treatment. Although dental procedures often involve a risk of infection, the ongoing community transmission of COVID19 creates additional risks from being in the proximity of dentists, patients, or staff. Please keep the following in mind as you seek dental treatment during the events of the COVID19 National Emergency:

- While much is still unknown about COVID19, the virus has a long incubation period during which carriers of the virus may not show symptoms but may still be highly contagious. It is near impossible to determine who has it and who does not, given the current limits in virus testing.
- Social distancing of 6 feet or more is **NOT** possible during dental treatments, which may increase the chances of COVID19 transmission.
- It may be necessary to use aerosol-generating equipment during dental procedures, which may increase the potential for spreading the disease as aerosol droplets can linger in the air for minutes to hours.
- While we are following our standard infection protocols to limit the spread of the disease, there is a still a possibility of transmission to you (and to others you come into contact with after leaving this office) of COVID19 which can cause serious health problems, including but not limited to severe respiratory problems, high fevers and death.

Here is what we are doing to protect our patients and staff, as suggested by the Illinois Department of Public Health (IDPH) and the American Dental Association (ADA):

- We engage in a daily office preparation safety routine;
- We conduct patient and staff COVID19 screening;
- We utilize personal protective equipment for office staff and patients and provide training to our staff on the proper methods of putting on and removing this equipment;
- We implement cleaning and disinfecting protocols before the office opens and between patients;
- All team members follow applicable guidelines for sterilization and surface disinfection procedures; and
- We try to avoid or minimize dental procedures involving aerosols and utilize additional personal protective equipment and protocols for those procedures which may involve aerosols.

**COVID19 DENTAL TREATMENT SCREENING FORM**

I confirm that I have **NOT** traveled domestically within the U.S. nor outside of the U.S. by commercial airline, bus, or train within the past 14 days.

I also confirm that I am **NOT** presenting with any of the following symptoms of COVID-19 listed below:

- |                                                                      |                                          |                                      |
|----------------------------------------------------------------------|------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Fever > 100.4°F | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> New loss of taste and/or smell              | <input type="checkbox"/> Dry cough       | <input type="checkbox"/> Muscle pain |
| <input type="checkbox"/> Repeated shaking with chills                | <input type="checkbox"/> Chills          | <input type="checkbox"/> Headache    |

**By signing below, you are confirming that (1) you have read this entire document; (2) the screening information you attested to above is accurate; (3) you understand the risks discussed in this consent including the elevated risk of contracting the virus; and (4) you are knowingly and willingly agreeing to have dental treatment during the COVID19 pandemic.**

\_\_\_\_\_  
Patient's Signature

or

\_\_\_\_\_  
Signature of Patient's Legal Guardian