COVID-19 Pandemic Emergency Dental Treatment Consent Form

Eleks theory	knowingly and willingly consent to having
dental treatment com	pleted during the COVID-19 pandemic.
I understand the CC the virus may not sh in virus testing, it is 19.	OVID-19 virus has a long incubation period during which carriers of ow symptoms and still be highly contagious. Given the current limits impossible to determine who has it and who does not have COVID-
	reate water spray (aerosols), which is one way the disease can be be nature of the spray can linger in the air for several minutes to chamit the COVID-19 virus.
I understand that of the characteristic have an elevated(Initial)	due to the frequency of visits of other dental patients, as of the virus, and the characteristics of dental procedures, that I risk of contracting the virus simply by being in a dental office.
	s the wing symptoms of COVID-19 listed
confirm that I am not p below:	resenting any of the following symptoms of COVID-19 listed
agent. The constitution are not a providence and	
FeverShortness of b	reath
• Cough	1 miles
Stomach upse	Compared to the property of the compared to th
Sore throat (Initial)
transmitting the CO	travel significantly increases the risk of contracting and //ID-19 virus. The CDC recommends social distancing of at least 6 4 days around anyone who has traveled by air, and this distance dentistry (Initial)
is not possible with	out of the past 14 days
to countries that	not traveled outside the United States during the past 14 days have been affected by COVID-19 (Initial)
	and traveled within the United States by commercial airline, bus,
or train within the	e past 14 days(Initial)
	The state of the s
#	Fig. 1. The contract the second of the contract of the contrac
Name	Date

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to help you. We look forward to working with you in maintaining your dental health.

Patient Information

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Last Name	First Name	Initial		
Address			unional and Production Streets 1 and 12 and 14 and consequences	1 1111 111
City	State	Zip	Home Phone	And Arthur
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Business Email	services treatment	and the second s		And the Control of th
Whom may we thank for referring you?		mercula of the state of		
Notify in case of emergency		Home Phone		
Cell Phone		Business Phone		
Email	Comment had any sering	of Children Little County of Calley	137 118	
	Pr	rimary Insurance		
		trate charts		
Person Responsible for Account	Last Name		First Name	Initial
Relation to Patient	mass f Brand raggin to chaft for	senae, amonel, meles, Dh	Con Con #	
	Birthdate _	CONTROL CARROLAGE (MAXING TWALL)	_ Soc. Sec. #	
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Business Email	Charles Committee des	The state of the s		g 1. 1:24
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Insurance Email	the state of the same of the same of the	the state of the s	processors and a second of the second	
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Name of other dependents under this plan	The property of the property o	THE RESERVE TO SERVE		ritoria
	Address Add	ditional Insurance	e	
	CAN Reputate		ary created 1 2 y 12 Vanete	d decise
Is patient covered by additional insurance?	☐ Yes ☐ No			
Subscriber Name	Relation to Patient		Birthdate	
Address (if different from patient)	A STATE OF THE PERSON OF THE STATE OF THE ST	Soc. Se		and the second second second second
City	State	Zip	Home Phone	and the second of the second o
Cell Phone		And the second second	Email	
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Name of other dependents under this plan	The state of the s	1.1.1.1.1	706	
Marie and marie and the second	Please	e complete both sides.		