COVID 19 (Corona Virus)
Disclosure

Patient Name:_____

Parent Guardian Name: _____

I, _____, knowingly and willingly consent to have dental treatment performed during the COVID-19 pandemic. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is very difficult to determine who has it and who does not given the current limits in virus testing. Dental procedures create a water spray that is a potential medium in which the virus can spread. I hereby affirm that my dentist/surgeon and Lone Star Dental Anesthesia have offered me the opportunity to reschedule dental treatment under general anesthesia/deep sedation/moderate sedation, to a subsequent date beyond the current state of the pandemic. I also affirm that I have freely elected to proceed with the procedure. I have consulted the treating dentist for other alternatives and have been advised to consult with my primary care physician as well. I fully understand that proceeding with the treatment today increases my exposure/my child's exposure to the risk of contracting community acquired Corona virus infection/COVID-19 disease. Acquiring such infection can lead to severe symptoms such as fever, chest pain, shortness of breath and further respiratory complications. Advanced disease can also lead to:

1) Prolonged hospitalization.
2) Intensive care admission.
3) Mechanical ventilation.
4) Possible death.

I also affirm that neither I/My Child, nor any of my family members have been exposed to any of the following symptoms in the past 14 days:

1) Shortness of breath.
2) Chest pain.
3) Fever.
4) Fatigue and body aching.
5) Confirmed or suspected COVID 19 (Corona Virus) infection.

I am consenting to this procedure with full understanding and disclosure of such risks and alternatives, and all my questions were answered to my satisfaction.

Patient/Parent Signature: _____Date:_____

Relationship to Patient: _____

Dentist/Surgeon: _____Date:_____

Witness: _____Date:_____