

COVID-19 PANDEMIC DENTAL TREATMENT NOTICE AND ACKNOWLEDGEMENT OF RISK FORM

At Buckeye Pediatric Dentistry, our goal is to provide a safe environment for our patients and staff and to advance the safety of our community. This document provides information we ask you to acknowledge and understand regarding the COVID-19 virus.

The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. The team at Buckeye Pediatric Dentistry wants to assure that you are aware of the additional risks of contracting COVID-19 associated with dental care.

The COVID-19 virus has a long incubation period. You, your child, your dentist or a team member may have the virus and show no symptoms yet still be highly contagious. Determining who is infected by COVID-19 is not possible at this time due to the limited availability for testing.

Dental procedures create water spray which is one of the ways the disease is spread. The particles in the water spray can linger in the air for hours, allowing for transmission to those nearby.

Due to the proximity to other patients, the dentist and other team members, the characteristics of dental treatment and of the COVID-19 virus, there is an increased risk of contracting the COVID-19 virus from simply being in a dental office.

I confirm that I have read the above statement and I understand that there is an increased risk of contracting the COVID-19 virus in the dental office. I accept the additional risk for myself or child of contracting the COVID-19 virus from contact with this office. I also understand that I can contract the COVID-19 virus from outside this office unrelated to my visit here.

Signature _____ Date: _____

Witness _____