PRETTYMAN ORTHODONTICS

COVID-19 Pandemic Dental Treatment Consent and Screening Form

In order to reduce the risk of spreading COVID-19, please complete the screening questions below.

- _____ (initial) I confirm that I am not presenting with any of these COVID-19 symptoms:
  - Fever above 100.4 degrees
  - Fatigue and body aches
  - Shortness of breath
  - Nausea/vomiting
  - Cough
  - Runny nose
  - Sore Throat
  - Loss of taste or smell
- _____ (initial) If I am over the age of 65, I understand I am at higher risk if I get COVID-19.
- _____ (initial) I confirm that I have not been in contact with a person who has been diagnosed (tested positive) with COVID-19 within the past 21 days.
- _____ (initial) I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus.
- _____ (initial) I verify that I have not traveled outside the United States in the past 21 days.
- _____ (initial) I verify that I have not traveled domestically within the United States by commercial airline within the past 21 days.
- _____ (initial) I verify that my temperature at today's office visit is: _____
- _____ (initial) I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic. I understand that the COVID-19 virus has a long incubation period during which carriers of this virus may not show symptoms and may still be highly contagious.
- _____ (initial) I understand that – due to the frequency of visits of other dental patients, the characteristics of the COVID-19 virus, and the characteristics of dental procedures – I have an elevated risk of contracting the COVID-19 virus simply by being in a dental office.

Our practice complies with State Health Department and the CDC infection control guidelines to prevent the spread of the COVID-19 virus; however, we cannot make any guarantees. We are a place of public accommodation, and other persons (including other patients) could be infected, with or without their knowledge. I hereby knowingly and willingly consent to have dental treatment completed at this time. I will hold harmless and indemnify, the doctor, practice, associates, employees, successors, assigns, legal representatives, organizers, sponsors, and supervisors, against any claims, and actions, in exchange for dental treatment during the events of COVID-19 National Emergency. I make this decision of my own free will relying upon my knowledge and judgment of any injury I may have sustained or possible transmission of COVID-19 during treatment and my decision to release has not been affected by any false statements or representations pertaining to those injuries. I have carefully read this release and understand its contents, and I am signing it of my own free act.

Printed name: _____ Date of birth: _____
(Patient)

Signature: _____ Today's date: _____
(Patient or legal guardian)