

## Consent For Treatment During COVID-19 Outbreak

I, \_\_\_\_\_, knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic at The Mugford Center.

I understand that carriers of the COVID-19 virus may not exhibit any symptoms, and if they do, the virus has a long incubation period of up to 14 days or longer before symptoms are apparent. Therefore, prior to confirmation of the infection with specific COVID-19 testing, it is impossible to determine who has been infected with and can transmit it to others.

\_\_\_\_\_ (Initials)

I have been made aware of the Center for Disease Control (CDC) and American Dental Association (ADA) recommendations, and the Maryland Board of Dentistry requirements in effect during the current COVID-19 pandemic, that dental visits should be limited to the treatment of **pain, infection, and conditions that if left untreated can compromise oral health or result in disease progression**. I confirm I am seeking treatment for a condition that meets these criteria.

\_\_\_\_\_ (Initials)

I understand that the CDC recommends social distancing of at least six (6) feet to reduce the transmission of the virus, and that this is impossible with dental treatment.

\_\_\_\_\_ (Initials)

I confirm that I am not presenting with any of the following symptoms listed here:

- Fever
- Shortness of breath
- Dry cough
- Runny nose
- Sore throat

\_\_\_\_\_ (Initials)

I understand that air travel as well as other forms of mass transit significantly increases my risk of contracting and transmitting the COVID-19 virus. I verify that I have not traveled by commercial airline, bus, or train within the past 14 days.

\_\_\_\_\_ (Initials)

\_\_\_\_\_  
Name – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date