



TREATMENT CONSENT FORM

COVID 19

Patient Name

Date:

Nature of Treatment:

I have elected to obtain non-emergency care from my dentist. I understand that under the “shelter in place” order by Governor Newsom, dental services are deemed an essential service and thus may continue to provide dental services to patients

Dental Procedures:

While this office meets or exceeds all requirements for infection control, there is no guarantee that I will not be exposed to Covid-19 in the Dental Office.

I understand and agree to keep the Dental Office closely advised of any change in my condition such as an increase in medical symptoms. I will also advise the Dental Office if I experience symptoms that may be related to Covid-19. I further understand that while a post-operative visit may not be needed, that my dentist may perform post op visits in a virtual context either by video conferences such as Face Time, the exchange of texts and photographs, email or telephone calls.

I understand and realize that there is no guarantee that the proposed treatment will be successful, that complications will not occur, that my condition could worsen or that additional treatment may be necessary to treat my dental condition.

Acknowledgment of Risks and Declaration of Consent:

I confirm under penalty of perjury that I have read and understand the material disclosed in this form and that I provide consent for my dentist to proceed with the proposed non-emergency dental treatment.

Patient’s Signature