



COVID-19 PANDEMIC ROUTINE DENTAL TREATMENT NOTICE & ACKNOWLEDGMENT OF RISK FORM

Our goal is to provide a safe environment for our patients and staff, and to advance the safety of our local 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 or your child could contract COVID-19 from a variety of sources. Our practice wants to ensure 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 or your healthcare providers may have the virus and not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated due to limited availability for virus testing.

Due to the frequency and timing of visits by other dental patients, the characteristics of the virus, and the characteristics of dental procedures, there is an elevated risk of you or your child contracting the virus simply by being in a dental office.

Dental procedures create water spray which is one way the disease is spread. The ultra-fine nature of the water spray can linger in the air for a long time, allowing for transmission of the COVID-19 virus to those nearby.

Your child cannot wear a protective mask over his/her mouth to prevent infection during treatment as your health care providers need access to his/her mouth to render care. This leaves your child vulnerable to COVID-19 transmission while receiving dental treatment.

Pursuant to statements from the Governor of Texas, the Texas Dental Association (TDA) and the Texas State Board of Dental Examiners (TSBDE), routine dental care or elective treatment can lawfully be provided at this time.

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

I have been given the option to allow my child to receive dental treatment while I wait in my vehicle in the office parking lot. I understand that if I choose to accompany my child into the office that I understand and accept the additional risk of contracting COVID-19 from being in this dental office.

I have read and understand the information stated above:

Child's Name

Parent/Guardian Signature

Date

Witness