



Pre-Appointment Questionnaire

COVID-19 Pandemic Emergency Dental Treatment
Consent Form

Full Name

Email

First Name Last Name

example@example.com

Phone Number

Area Code Phone Number

Do you have a fever, or have you felt feverish recently?

Yes

No

Do you have a cough?

Yes

No

Are you having shortness of breath or any difficulty breathing?

Yes

No

Do you have chills or repeated shaking with chills?

Yes

No

Do you have any muscle pain?

Yes

No

Do you have any other flu-like symptoms?

Yes

No

COVID-19 Pandemic Emergency Dental Treatment Consent Form (2 of 4)

Do you have any recent onset of headache or sore throat?

Yes

No

Do you have any recent loss of taste or smell?

Yes

No

Have you experienced any recent GI upset or diarrhea?

Yes

No

Are you in contact with anyone who has been confirmed to be COVID-19 positive?

Yes

No

Have you traveled in the past 14 days to any regions affected by COVID-19?

Yes

No

Are you over the age of 65?

Yes

No

Do you have:

Heart disease

Lung disease

Kidney disease

Diabetes

Autoimmune disorders

None of the above

COVID-19 Pandemic Emergency Dental Treatment Consent Form (3 of 4)

Patient's Name

I knowingly and willingly consent to having emergency dental treatment completed during the COVID-19 pandemic.

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. Given the current limits in virus testing, it is impossible to determine who has it and who does not have COVID-19.

Dental procedures create water spray (aerosols), which is one way the disease can be spread. The ultra-fine nature of the spray can linger in the air for several minutes to hours, which can transmit the COVID-19 virus.

I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office.

Initial

I have been made aware of the Centers for Disease Control and Prevention (CDC) and American Dental Association (ADA) guidelines that under the current pandemic all nonurgent dental care is not recommended. Dental visits should be limited to the treatment of pain, infection, conditions that significantly inhibit normal operation of teeth and mouth, and issues that may cause anything listed above during the next 3-6 months.

Initial

I confirm I am seeking treatment for a condition that meets these criteria.

Initial

I understand that air travel significantly increases the risk of contracting and transmitting the COVID-19 virus. The CDC recommends social distancing of at least 6 feet for a period of 14 days around anyone who has traveled by air, and this distance is not possible with dentistry.

Initial

COVID-19 Pandemic Emergency Dental Treatment Consent Form (4 of 4)

Initial

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:

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

Initial

I verify that I have not traveled outside the United States during the past 14 days to countries that have been affected by COVID-19.

Initial

I verify that I have not traveled within the United States by commercial airline, bus, or train within the past 14 days.

Signature

Date



Month Day Year
