



# Consent for Emergency Treatment During COVID-19 Outbreak

I, (patient's name) \_\_\_\_\_, knowingly and willingly consent to have emergency dental treatment completed during the COVID-19 pandemic at **ToothFillers SuperKIDS Dentistry Practice by Dr Tracy Filler.**

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 California Dental Association (CDA) requirements in effect during the current COVID-19 pandemic, that **all non-urgent dental care should be postponed. Dental visits should be limited to the treatment of pain, infection, conditions that significantly inhibit normal operation of teeth and mouth, and issues that are likely to cause anything listed above within the next 3 months.** 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**
- **Dry cough**
- **Sore throat**
- **Shortness of breath**
- **Runny nose**

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

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date