



Dr. Guy A. Jones, DDS

COVID -19 Pandemic Dental Consent

TEMP: _____

I, _____, knowingly and willing consent to have dental treatment completed for myself or minor child _____ during the COVID-19 pandemic. I will hold harmless and indemnify Dr. Guy Jones, the practice and all employees against any claims and actions in exchange for dental treatment during the events of COVID-19.

Please initial each item

- I understand the characteristics of both the virus and dental procedures increases the risk of contracting the virus simply by being in the dental office. _____ Initial
- I understand travel significantly increases my risk of contracting and transmitting COVID-19 virus. I verify that I have NOT travelled outside the United States, nor travelled domestically within the United States within the past 14 days. _____ Initial
- I confirm that I am NOT presenting any of the following symptoms presently nor in the last 14 days:

Date: _____ **OR the past 14-21 days**

- * Fever _____
- * Shortness of Breath _____
- * Dry Cough _____
- * Runny Nose _____
- * Sore Throat _____
- * Loss of taste/smell _____
- * Flu-Like Symptoms _____

- No one in my household has had any of the above issues/symptoms in past 14-21 days _____ Initials
- I have not knowingly been in contact with any confirmed cases of COVID-19 positive patients. _____ Initial
- I do not take Blood thinners. _____ Initial

I, _____, make this decision of my own free will relying upon my knowledge and judgement of any possible transmission of COVID-19 during treatment and my decision to release has not been affected by any false statements. I have carefully read this release and understand its contents, and I am signing it of my own free act.

Signature/Guardian: _____

Date: _____