

# Frasca Family Dental

## Dental Treatment Consent Covid-19 Pandemic

1. I knowingly & willingly consent to dental treatment at Frasca Family Dental during the Covid-19 pandemic. Frasca Family Dental takes this very seriously and is taking precautions to limit the spread of the disease, but there is still a possibility of transmission.
2. I understand the Covid-19 virus has a long incubation period during which carriers of the virus may not show symptoms yet are still highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing.
3. Dental procedures create water spray. It is unclear as to how long the ultra-fine spray may linger in the air, which can transmit the Covid-19 virus.
4. I confirm that I am not presenting any of the following symptoms of Covid-19: Fever, shortness of breath, loss of sense of taste or smell, cough, runny nose, sore throat \_\_\_\_\_(initial)
5. I understand that air travel significantly increases my 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 to anyone who has, and this is not possible in dentistry. \_\_\_\_\_(initial)
6. I verify that I have not traveled outside the United States in the past 14 days and I have followed the current Massachusetts travel self quarantine guidelines. I verify that I have not traveled domestically within the United States by commercial airline in the last 14 days \_\_\_\_\_(initial)
7. A Covid-19 PPE safety fee may be charged to any appointments.
8. Please call us if you have experienced any change in your health for contact tracing efforts. We take your safety very seriously.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_