

COVID-19 Patient Informed Consent Form

I _____ consent to receive dental treatment for myself/my child by Dr. Adam Vaghari, DDS and any of his employees during the COVID-19 outbreak with an understanding of the following:

- I understand that dental procedures have the potential to include aerosol-generating procedures as well as anticipated splashes and sprays, which are some of the ways COVID-19 is spread and may put me/my child at higher risk of contracting COVID-19.
- I understand this virus can spread by close contact with another person (from being within approximately 6 feet of someone with COVID-19) or by having direct contact with secretions from someone with COVID-19. Having dental procedures performed, social distancing will not occur which may put me/my child at risk.
- I understand that due to the number of other patients that have been in the practice and the nature of the procedures performed here, that I have an increased risk of contracting the virus by being in the practice and receiving treatment in the practice.
- I confirm that to my knowledge I am not infected with coronavirus and that I do not currently have any of the symptoms that are representative of COVID-19, especially:
 - Fever
 - Dry cough
 - Shortness of breath
 - Pain or pressure in the chest
- I confirm that I have not traveled to any of the countries or regions with widespread ongoing transmission in the past 14 days.
- I confirm, to the best of my knowledge, that I have not had close contact with an individual diagnosed with COVID-19 in the past 14 days.

Patient Name: _____

Signature: _____

Date: _____